



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

**TRANSPORTATION SCIENCES CENTER
ACCIDENT RESEARCH GROUP**

**CALSPAN SRL CORPORATION
[REDACTED], New York 14225**

CALSPAN AIR BAG DEPLOYMENT INVESTIGATION

CALSPAN CASE NO. CA96-21

**VEHICLE #1 - 1995 FORD ESCORT
VEHICLE #2 - 1988 CHEROKEE LAREDO**

LOCATION - STATE OF NEW HAMPSHIRE

CRASH DATE - [REDACTED] 1996

Contract No. DTNH22-94-D-07058

Prepared for:

**U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590**

DISCLAIMER

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL REPORT STANDARD TITLE PAGE

1. Report No. 96-21	2. Government Accession No.	3. Recipient's Catalog No.	
4. Title and Subtitle Calspan on-site Air Bag Deployment Investigation Vehicle #1 - 1995 Ford Escort Vehicle #2 - 1988 Jeep Cherokee Laredo Location - State of New Hampshire		5. Report Date: [REDACTED], 1997	
		6. Performing Organization Code	
7. Author(s) Accident Research Group		8. Performing Organization Report No.	
9. Performing Organization Name and Address Transportation Sciences Center Accident Research Group Calspan Corporation P.O. Box 400 Buffalo, New York 14225		10. Work Unit No. [REDACTED]	
		11. Contract or Grant No. DTNH22-94-D-07058	
12. Sponsoring Agency Name and Address U.S. Department of Transportation National Highway Traffic Safety Administration Washington, D.C. 20590		13. Type of Report and Period Covered Technical Report Crash Date: [REDACTED] 1996	
		14. Sponsoring Agency Code	
15. Supplementary Notes On-site investigation of an air bag deployment crash that resulted in injuries to a three week old female passenger restrained in a rear facing child safety seat secured in the right front seat.			
16. Abstract <p>This crash involved a 1995 Ford Escort (Vehicle #1) which was equipped with dual front air bags and a 1988 Jeep Cherokee Laredo (Vehicle #2). The crash occurred in the month of [REDACTED] 1996 on a curved section of a rural two lane, undivided, dry asphalt roadway which had a posted speed limit of 72 km (45 mph).</p> <p>Vehicle #1 was traveling northbound in a right curve crossed the centerline and struck Vehicle #2 in a head-on offset impact configuration. Vehicle #1 sustained a SMASH computed delta V of 35 km/h (22 mph) while Vehicle #2 sustained a 27 km/h (17 mph) delta V. The Collision Deformation Classification (CDC) for Vehicle #1 was 12-FLEE-8 and 12-FLEW-3 for Vehicle #2.</p> <p>Driver #1, a 34 year old female who was 165.1 cm (65.0") tall and weighed 64.0 kg (140.0 lbs.), sustained multiple injuries which included: a fracture of the left orbital roof; laceration of the left scalp and forehead (upper A-pillar); ecchymosis around both eyes [raccoon eyes (upper A-pillar)]; abrasions of the left upper subarachnoid bleed (upper A-pillar); diffuse left cerebral edema (upper A-pillar); fracture of the left occipital area (upper A-pillar); unconscious/unresponsive to painful stimuli (upper A-pillar); multiple fractures of the right side ribs with right side flail and bilateral pneumothoraces (torso restraint belt); abrasions of the abdominal quadrant (torso restraint belt); comminuted midshaft fracture of the left ulna (left front door surface); ecchymosis to the right upper leg and medial left upper leg; fractures of the left femur (left front door surface). The driver was wearing a manual lap belt and an automatic two point motorized shoulder belt at the time of the crash.</p> <p>The three week old female infant in the right front seat of Vehicle #1 was restrained in a rear facing child safety seat which was secured to the seat by the manual lap restraint belt. The deploying passenger side air contacted the rear surface of the safety seat resulting in a fracture of the carry handle seat back support. The child sustained fractures of the left and right parietal bones, subarachnoid hemorrhage, subdural hemorrhage, diffuse swelling of the brain, and diffuse axonal brain injury. These injuries were attributed to contact with the passenger side air bag module cover and air bag.</p> <p>The child and mother were transported via ambulance to an area hospital where they arrived in an unconscious state. They were transferred via helicopter to a trauma hospital where Driver #1 remained for twenty-eight days and the infant for nine days prior to being released. Driver #2 and the right front occupant were treated and released from the medical facility.</p>			
17. Key Words Supplemental Restraint System (SRS) Two vehicle head-on crash Head and brain Injuries to child passenger in a rear-facing child safety seat		18. Distribution Statement General Public	
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified	21. No. of Pages	22. Price

TABLE OF CONTENTS

Background	1
Summary	1
Vehicle Schematic	4
Crash Demographic Data	5
Ambience	5
Highway	5
Traffic Controls	6
Vehicle #1 Description	6
Vehicle #2 Description	7
Vehicle #1 Exterior Damage	7
Vehicle #1 Interior Damage	8
Vehicle #1 CDC	10
Child Safety Seat	10
Vehicle #2 Exterior Damage	11
Vehicle #2 Interior Damage	12
Vehicle #2 CDC	12
Supplemental Restraint System (SRS)	10
Vehicle Velocity Estimates	13
Collision Sequence	14
Human Factors/Occupant Data	17
Injury Data	18
Occupant Kinematics,	21
Appendix A: Selected Photographs	A-1
Appendix B: SMASH Algorithm	B-1

CALSPAN AIR BAG DEPLOYMENT INVESTIGATION**CALSPAN CASE NO. 96-21****VEHICLE #1 - 1995 FORD ESCORT
AIR BAG RELATED INJURIES****VEHICLE #2 - 1988 JEEP CHEROKEE LAREDO****LOCATION - STATE OF NEW HAMPSHIRE****CRASH DATE - [REDACTED] 1996*****Background***

Calspan was notified by NHTSA of a crash involving a 1995 Ford Escort equipped with dual front air bags. An on-site investigation was initiated the next working day. The NHTSA had been alerted that a child in a rear facing child safety seat was seated in the right front seat and was injured as the result of the deploying passenger side air bag.

Summary

This crash involved a 1995 Ford Escort (Vehicle #1) which was equipped with dual front air bags and a 1988 Jeep Cherokee Laredo (Vehicle #2). The crash occurred in the month of [REDACTED] 1996 on a curved section of a rural two lane, undivided, dry asphalt roadway which had a posted speed limit of 72 km (45 mph).

Vehicle #1 was traveling northbound in a right curve which had a slope of -1.7 percent and a superelevation of 7.0 percent. Driver #1 crossed the centerline and encroached upon the southbound travel lane. Driver #2 saw the approach of Vehicle #1 and applied full braking which resulted in 12.8 m (42.0') of pre-impact skid marks. There were no pre-impact skid marks from Vehicle #1 observed during the scene inspection. The left front corner of Vehicle #1 struck the left front corner of Vehicle #2. Vehicle #1 sustained a SMASH computed delta V of 35 km/h (22 mph) while Vehicle #2 sustained a 27 km/h (17 mph) delta V. The Collision Deformation Classification (CDC) for Vehicle #1 was 12-FLEE-8 and 12-FLEW-3 for Vehicle #2.

Driver #1, a 34 year old female who was 165.1 cm (65.0") tall and weighed 64.0 kg (140.0 lbs.), sustained multiple injuries which included: a fracture of the left orbital roof; laceration of the left scalp and forehead (upper A-pillar); ecchymosis around both eyes [raccoon eyes (upper A-pillar)]; abrasions of the left upper subarachnoid bleed (upper A-pillar); diffuse left cerebral edema (upper A-pillar); fracture of the left occipital area (upper A-pillar); unconscious/unresponsive to painful stimuli (upper A-pillar); multiple fractures of the right side ribs with right side flail and bilateral pneumothoraces (torso restraint belt); abrasions of the abdominal quadrant (torso restraint belt); comminuted midshaft fracture of the left ulna (left front door surface); ecchymosis to the right upper leg and medial left upper leg; fractures of the left femur (left front door surface). The driver was wearing a manual lap belt and an automatic two point motorized shoulder belt at the time of the crash.

The three week old female infant was seated in a rear facing child safety seat which was located in the right front seat. The seat was secured by the manual lap belt. The deploying passenger side air module cover and air bag contacted the rear surface of the safety seat resulting in a fracture of the carry handle. The child sustained fractures of the left and right parietal bones, subarachnoid hemorrhage, subdural hemorrhage, diffuse swelling of the brain, and diffuse axonal brain injury. These injuries were attributed to contact with the passenger side air bag module cover and air bag.

The child and mother were transported via ambulance to an [REDACTED] where they arrived in an unconscious state. They were transferred via helicopter to a [REDACTED] where Driver #1 remained for twenty-eight days and the infant for nine days prior to being released.

There was a 43 kg (95 lb) German Shepard dog standing laterally in the rear seat of Vehicle #1 prior to the crash. The in-board sides of the front seat back supports were displaced in a forward direction as the result of loading by the dog during the impact sequence. The dog survived the crash, but was reportedly favoring its right hip.

The male driver of Vehicle #2 was not wearing the available three point manual lap and shoulder belt. He sustained multiple contusions of the chest and sternum, a laceration of the chin and an abrasion of the nose.

The right front female occupant in Vehicle #2 was wearing the available manual lap and shoulder belt. She sustained multiple contusions with pain of the left chest and left pelvic area. Both occupants were treated and released from a local [REDACTED].

One week after the crash, the right front occupant of Vehicle #2 was rushed to the hospital for a perforated appendix. Surgery was performed and she was released six days later. It was not determined whether the perforation was related to the crash events.


Prior to this crash, Vehicle #1 was involved in a high speed collision with a large animal (a young moose). The owner/driver (husband of Driver #1) indicated the entire front end of the vehicle and the both front air bags were replaced. Upon receipt of the repaired vehicle two week prior to this crash, the owner noted that steering offered resistance during lane steering micro adjustments such as correcting the position of the vehicle in the travel lane. He attributed this resistance to a new


bearing installed in the steering system. He reportedly attempted to loosen the steering on a few occasions prior to the crash by jerking the steering wheel back and forth while traveling on the roadway.

The cause of the crash may have involved compounding factors. The roadway preceding the crash for Vehicle #1's travel path involved a left curve which immediately changed to a right curve. It may have been the situation where the driver was traversing the left curve and became distracted by the baby in the right front seat and entered the opposing travel lane as the roadway alignment changed to a right curve. As she refocused her attention on her driving, she may have difficulty in returning to her travel lane as the result of mechanical steering resistance.

Reserved for Scene Sketch page

CRASH DEMOGRAPHIC DATA	
Location:	Two lane undivided curved roadway
City/State:	State of New Hampshire
Area/Type:	Rural/Residential
Accident Date/Time:	██████████ 1996/ morning hours
Investigating Police Agency:	██████████
Accident type:	Two vehicle head-on crash
Air Bag Vehicle Occupant Injury Severity:	Driver - Critical (AIS-5)
	Right front -Critical (AIS-5)
Non-Air Bag Vehicle Occupant Injury Severity:	Driver - Minor (AIS-1)
	Right front - Minor (AIS-1)
AMBIENCE	
Viewing Conditions:	Daylight
Weather:	Clear
Road Surface:	Dry
HIGHWAY	
Type:	State highway
Number of Lanes:	2
Roadway Width:	7.3 m (24.1 ft)
Surface:	Asphalt
Median:	None
Edge:	East - 3.3 m (10.7') asphalt shoulder/sand/grass West - 3.7 m (12.2') asphalt shoulder/grass
Vertical Alignment:	-1.7 percent slope, 7.0 percent superelevation at POI
Horizontal Alignment:	Right curve northbound

Estimated Coefficient of Friction:	0.70 μ
Traffic Density:	Light to moderate
TRAFFIC CONTROLS	
Signals:	None
Signs:	None
Markings:	Solid double yellow centerline, solid white road edge lines
Speed Limit:	72 km/h (45 mph)
VEHICLE #1 DESCRIPTION	
Description:	1995 Ford Escort 2-door sedan hatchback
V.I.N.:	 (Serial # omitted)
Color:	Blue
Odometer:	86,687 km (53,866 miles)
Engine:	1.9 L, EFI
Transmission:	5-speed, manual
Steering:	Power steering
Brakes:	Disc front brakes, drum rear
Padding:	Upper and mid instrument panel, soft edge steering wheel rim and air bag module covers, door panels, door arm rests, sunvisors, adjustable head restraints
Active Restraints:	Manual lap belts in front out-board and center rear seat positions, three point manual lap and shoulder belts in the rear out-board seat positions
Passive Restraints:	Two point motorized shoulder belts in front out-board seat positions, dual front air bags which deployed during the crash sequence, these air bags were replacement units

Defects:	Involved in a collision with a moose and was repaired two weeks prior to this crash. The owner (Driver #1's husband) indicated that the steering felt tight and offered resistance during "micro" steering maneuvers such as lane position adjustments. He attempted to "loosen" the resistance by sharply moving ("jerking") the steering left and right while the vehicle was in motion.
Tow Status:	Towed due to damage
VEHICLE #2 DESCRIPTION	
Description:	1988 Jeep Cherokee Laredo 4-door wagon
V.I.N.:	
Color:	Blue
Odometer:	270,061 km (167,813 miles)
Engine:	242 CID, 6 cylinder MPI
Transmission:	4-speed automatic, floor mounted transmission selector lever
Steering:	Power steering
Brakes:	Power assisted front disc and drum rear brakes
Padding:	Sunvisors, soft-edged steering wheel rim, door panels, door armrests, fold-down center armrests, adjustable head restraints
Active Restraints:	Three point manual lap and shoulder belts in the front outboard seating positions. Sliding latch plate on a continuous belt webbing
Passive Restraints:	None
Defects:	None
Tow Status:	Towed due to damage

VEHICLE #1 DAMAGE

Exterior:

The left front bumper of the 1995 Ford Escort (Vehicle #1) struck the left front bumper of the 1988 Jeep Cherokee (Vehicle #2). The damage profile represented a typical head-on contact pattern. Vehicle #1 sustained direct contact damage to the frontal plane starting 35.6 cm (14.0") left

of the vehicle centerline and extending to the left corner of the vehicle. The front bumper sustained a maximum rearward displacement of 54.0 cm (21.25") located at the left corner. Bumper crush values obtained are listed below:

Bumper Crush		
$C_1 = 54.0 \text{ cm (21.25")}$	$C_2 = 30.5 \text{ cm (12.0")}$	$C_3 = 19.1 \text{ cm (7.5")}$
$C_4 = 8.9 \text{ cm (3.5")}$	$C_5 = 1.6 \text{ cm (0.625")}$	$C_6 = 0$

Components damaged in the crash included the front bumper assembly, grille, hood, left and right front fenders, windshield, left frontal substructure, left frame rail, left front door and A-pillar, roof, and the radiator support bracket.

Interior:

Interior damage to the Ford Escort was associated with intrusion resulting from external damage, air bag deployment, and occupant contacts. The left front door was jammed shut as a result of the impact, but the right door remained closed and operational. The windshield glazing was in place but cracked from the impact forces. The left front window glazing disintegrated from the impact forces.

The longitudinal rearward intrusion of interior components was documented as follows:

Intruded Component	Rearward Intrusion
Floor pan	6.4 cm (2.5")
Toe pan	15.2 cm (6.0")
Instrument panel	29.2 cm (11.5")
Base of upper A-pillar	33.0 cm (13.0")
Seat back support (left front)	22.9 cm (9.0")
Seat back support (right front)	11.4 cm (4.5")

The driver side air bag exhibited a 12.7 cm x 16.5 cm (5.0" x 6.5") bodily fluid transfer located on the face of the air bag at the 4-5 o'clock sector. Because of the 165 degree rotation of the steering wheel at final rest, the transfer was located in the upper left quadrant (refer to photograph #78 on page A-39). The air bag did not exhibit any other contact evidence. The upper module flap had an oil transfer mark on the upper right corner which measured 3.2 cm (1.25") vertically and 7.6 cm (3.0") laterally (refer to photograph #76 on page A-38).

The passenger side air bag module flap exhibited a horizontal abrasion mark which extended laterally across the entire flap surface. The abrasion mark began 5.7 cm (2.25") above the left bottom

corner of the flap and ended 3.8 cm (1.5") above the right bottom corner (refer to photograph #91 on page A-46). Within this area, there were ten vertical abrasion marks which measured 1.9 cm (0.75") and were located 20.3 cm - 12.7 cm (8.0" - 5.0") from the right edge of the module flap and 1.9 cm (0.75") above the bottom edge of the flap (refer to photographs #90 - #92 on pages A-45 and A-46).

The passenger side air bag exhibited a blue transfer mark on the back side of the bag located 24.1 cm (9.5") from the bottom of the bag and adjacent to the right seam line (refer to photographs #93 and #94 on page A-47). This transfer was attributed to contact with the child safety seat during the air bag deployment cycle.

The steering column was displaced forward, however, there was no discernable sheer capsule visible (refer to photograph #63 on page A-32). The windshield wiper arm was bent rearward due to the forward displacement of the steering column. There was no steering wheel rim deformation. The hard vinyl knee bolster was fractured by the right knee of the driver as evidenced by a 8.9 cm (3.5") diameter tissue transfer measured 31.8 cm (12.5") left of the vehicle centerline (refer to photograph #64 on page A-33).

A 2.5 cm (1.0") blue cloth transfer was noted on the vertical surface of the upper instrument panel below the side glass defroster (refer to photograph #61 on page A-31). A gouge in the vinyl covering was located on the top of the instrument panel 31.8 cm (12.5") left of the vehicle centerline (refer to photograph #72 on page A-36). A 3.8 cm (1.5") diameter whitish tissue transfer mark was located on the edge of the instrument panel eyebrow 11.4 cm (4.5") left of center (refer to photographs #73 and #74 on page A-37). Long strands of brown hair fibers were embedded in the fractured vinyl shroud covering the left A-pillar located 7.6 cm - 19.1 cm (3.0" - 7.5") below the roof header and 68.6 cm (27.0") left of the vehicle centerline (refer to photograph #70 on page A-35).

The left front seat back support was rotated in a counterclockwise direction and the right front seat back support was rotated in a clockwise direction. The rotational patterns of the seat back supports was the result of loading by the 43.1 kg (95.0 lb) dog during the crash (refer to photograph #84 on page A-42).

The driver's side lap belt was cut by rescue personnel during extrication. Both the lap and torso belt surfaces exhibited bodily fluid transfers (refer to photographs #79 - #81 on pages A-40 and A-41). The torso belt had an 27.9 cm (11.0") long heavy abrasion located 17.8 cm (7.0") below the latch which was attributed to contact with the driver's chest during the crash.

The horizontal distance between the seat back support and the steering hub measured 43.2 cm (17.0") at a vertical height of 38.1 cm (15.0") above the seat cushion at the junction with the seat back support. The seat back was 34 degrees rearward of vertical. The driver's head restraint was separated from the seat back support at the time of inspection. The steering column angle measured 30 degrees up from horizontal.

The right front passenger's seat was adjusted to the full rear position. The seat cushion measured 47.0 cm (18.5") from front to back and the seat back support measured 57.2 cm (22.5")

vertically. The in-board side of the seat back support measured 16.5 cm (6.5") forward of the out-board side. The seat back angle was 5 degrees rearward of vertical and the leading edge of the seat cushion was 16 degrees higher than the back edge. The distance from the leading edge of the seat cushion to the floor was 27.9 cm (11.0"). The head rest was adjusted 7.0 cm (2.75") above the seat back support.

The horizontal distance from the right front seat back support to the air bag module flap was 61.0 cm (24.0") measured at 35.6 cm (14.0") above the seat and seat back junction. The measurement from the opening edge of the air bag module cover flap to the floor was 50.8 cm (20.0"). The measurement from the hinge edge of the module cover flap to the instrument panel/windshield junction was 22.9 cm (9.0") with the module cover flap measuring 7.6 cm (3.0") horizontally from hinge to opening edge.

CDC: 12-FLEE-8

Repair Cost: Total loss

Child Safety Seat:

The child safety seat in the right front seat was a Century Infant Car Seat, rear-facing style 4595 FKF (██████████) which was secured in the right front passenger seat with the manual lap belt. The date of manufacture was █████/95.

The child safety seat shell was covered with a 6.4 mm (0.25") thick blue and white seat covering made of polyester fiber. A 2.2 cm (0.875") thick foam padding was under the child's back and head area of the seat. Each of the labels affixed to the child safety seat were tri-lingual (Spanish, French, and English). A warning label adhered to the right side of the back support was as follows:

*This child restraint system conforms to Federal 213 and Canada
Motor Vehicle Safety Standards 213.1*

*THIS RESTRAINT IS CERTIFIED FOR USE IN MOTOR VEHICLES
AND AIRCRAFT.*

*This infant restraint is designed for use only by children who weigh 8
kg (18 pounds) or less and whose height is 69 cm (27 inches) or less.*

*This restraint system is for use only in vehicles with forward-facing
seats equipped with lap belts.*

Two diagrams for securing the seat in a typical center rear seating position and a typical front seating position followed the warning. Both diagrams depicted the child safety seat in a rear-facing position.

The following warning was affixed to the lower left side (adjacent to the left leg of the infant) of the child safety seat.

*WARNING: Failure to follow each of the following instructions can
result in your child striking the vehicle's interior during a sudden stop*

or crash. Secure this restraint with a vehicle belt as specified in the manufacturer's instruction booklet located in back of carrier. Snugly adjust the belts provided with this child restrain around your child. Place this infant restrain in a rear-facing position when using it in the vehicle.

CAUTION! Never Leave Child Unattended

The child safety seat's carry handle was positioned in the forward position, behind the headrest, at the time of the crash. The handle was contacted and fractured by the upward opening right front air bag module cover flap. Fourteen vertical reinforcing ribs were located at the handle midpoint with lengths ranging from 1.9 cm (0.75") on the ends to 3.2 cm (1.25") at the handle midpoint aligned with the vertical abrasions located on the air bag module cover.

The child safety seat measured 61.0 cm (24.0") horizontally from the foot to the head aspects of the seat. The handle in the forward adjusted position extended another 7.6 cm (3.0") from the head aspect of the seat. The vertical height measured 20.3 cm (8.0") at a point 27.9 cm (11.0") from the foot portion of the seat.

The restraint belt in the safety seat was threaded through the bottom slots which were located 19.1 cm (7.5") above the seat. The seat belt buckle was located 16.5 cm (6.5") from the seat back support. The seat cushion was 25.4 cm (10.0") deep and the seat back support measured 48.3 cm (19.0") vertically. The securing slots designed to be used with the vehicle lap belt were located 12.7 cm (5.0") from the leading edge of the seat. The slots were 5.1 cm (2.0") long.

The safety seat covering exhibited a brown transfer mark along the top right surface which measured 20.3 cm (8.0") long and 10.2 cm (4.0") wide. This was attributed to contact with the dog during the impact sequence.

The carrying handle was abraded and fractured as the result of contact with the deploying passenger side air bag module cover and air bag. The abraded area began 1.9 cm (0.75") left of the seat's centerline and continued 12.7 cm (5.0") to the fracture point.

An unoccupied child booster seat was located in the rear seat. This seat was used by the driver's five year old son who was not in the vehicle at the time of the crash.

Vehicle #2:

Exterior

The 1988 Jeep Cherokee Laredo sustained direct contact frontal damage which began 6.4 mm (0.25") right of the vehicle center and extended to the left front corner. The left front axle was displaced rearward 19.4 cm (7.7"). Maximum rearward displacement of 66.7 cm (26.25") was located at the left front corner. The crush values obtained at bumper level are listed below.

Front Bumper Crush		
$C_1 = 61.7 \text{ cm (24.25")}$	$C_3 = 16.5 \text{ cm (6.5")}$	$C_5 = 0 \text{ cm}$
$C_2 = 24.8 \text{ cm (9.75")}$	$C_4 = 7.0 \text{ cm (2.75")}$	$C_6 = 0 \text{ cm}$

Components damaged in the crash included: front bumper, grille, hood, radiator support bracket, roof, left and right fenders, left front door, and the frontal substructure of the vehicle including the front axle.

Interior:

The 1988 Jeep Cherokee sustained intrusion and occupant contact damage as a result of the crash. The toe pan on the left front was displaced rearward 10.2 cm (4.0"). The steering wheel rim was displaced forward 12.7 cm (5.0") but there was no shear capsule movement. A 4.4 cm (1.75") diameter bodily fluid transfer was located on the left A-pillar 26.7 cm (10.5") below the header and 66.0 cm (26.0") left of the vehicle centerline. The lower instrument panel had a 7.6 cm (3.0") right knee transfer located 19.1 cm (7.5") left of center and a crack located 11.4 cm (4.5") left of center.

The left front manual lap and shoulder restraint belt was not used at the time of the crash. The restraint belt buckle was tucked down under the right side of the driver's seat at the console. The right front restraint belt was used by the occupant during the crash.

CDC: 12-FLEW-3

Repair Cost: Not available

SUPPLEMENTAL RESTRAINT SYSTEM (SRS)

Vehicle #1:

The 1995 Ford Escort was equipped with a driver side and passenger side air bag Supplemental Restraint System (SRS) that deployed as designed during the crash. The air bag system had been replaced as the result of a prior crash with a moose.

Drivers Side Air Bag

Two crash sensors located on the radiator support bracket were damaged in the crash (refer to photographs #45 and #46 on page A-23). The driver side air bag module opened in the typical "H" pattern during the deployment sequence along the designated tear seam lines. The upper module flap measured 10.2 cm (4.0") vertically and continued 2.5 cm (1.0") horizontally to the top hinge point. The lower module flap measured 5.1 cm (2.0") vertically and also continued 3.8 cm (1.5") to the lower hinge point. The width of the flaps measured 17.1 cm (6.75") along the common horizontal

tear seam line. The flap thickness measured 3.2 mm (0.125"). The upper module flap had an oil transfer mark on the upper right corner located which measured 7.6 cm (3.0") laterally and 3.2 cm (1.25") vertically (refer to photograph #76 on page A-38).

The driver side air bag was tethered with 4 tethers sewn to the face of the bag with a double row of stitching 17.8 cm (7.0") in diameter. Two 3.8 cm (1.5") diameter vent ports were located on the instrument panel side of the air bag 12.7 cm (5.0") apart in the 11 o'clock and 1 o'clock positions. The air bag measured 63.5 cm (25.0") in diameter. The air bag identification number was listed as follows:



A 12.7 cm x 16.5 cm (5.0" x 6.5") bodily fluid transfer was located on the face of the air bag at the 4-5 o'clock sector. Because of the 165 degree rotation of the steering wheel at final rest, the transfer was located in the upper left quadrant (refer to photograph #78 on page A-39). The location of this transfer indicated Driver #1 was slumped forward at the final rest position. The air bag did not exhibit any other contact evidence.

Right Front Passenger Side Air Bag

The right front passenger side air bag was a mid mount design which incorporated a single air bag module cover. The cover was flush mounted to blend with the surrounding surface of the instrument panel. The air bag module cover measured 31.8 cm (12.5") in lateral width, 17.1 cm (6.75") on the left side, and 16.5 cm (6.5") on the right side. The module cover was constructed of pliable vinyl which measured 4.8 mm (0.19") in thickness. The module cover was hinged along the upper seam line (closest to the windshield). The measurement from the hinge edge of the module cover flap to the instrument panel/windshield junction was 22.9 cm (9.0") with the module cover flap measuring 7.6 cm (3.0") horizontally from hinge to the edge closest to the passenger.

The passenger side air bag module flap exhibited a horizontal abrasion mark which extended laterally across the entire flap surface. The abrasion mark began 5.7 cm (2.25") above the left bottom corner of the flap and ended 3.8 cm (1.5") above the right bottom corner (refer to photograph #91 on page A-46). Within this area, there were ten vertical abrasion marks which measured 1.9 cm (0.75") and were located 20.3 cm - 12.7 cm (8.0" - 5.0") from the right edge of the module flap and 1.9 cm (0.75") above the bottom edge of the flap (refer to photographs #90 - #92 on pages A-45 and A-46).

The passenger side air bag was a non-tethered design with a total length of 81.9 cm (32.25"). The air bag was 38.1 cm (15.0") wide across the front surface. Two 5.1 cm (2.0") diameter vent ports were located on each side of bag just outward of the double row of stitching (refer to photograph #75 on page A-38). The passenger side air bag exhibited a blue transfer mark on the back side of the bag located 24.1 cm (9.5") from the bottom of the bag and adjacent to the right seam line (refer to photographs #93 and #94 on page A-47). This transfer was attributed to contact with the child safety seat during the air bag deployment cycle.

VEHICLE VELOCITY ESTIMATES

Speed Estimates	Vehicle #1	Vehicle #2
Impact Speed:	40 km/h (25 mph)	46 km/h (29 mph)
Total Delta V:	35 km/h (22 mph)	27 km/h (17 mph)
Longitudinal Delta V:	-35 km/h (-22 mph)	-27 km/h (-17 mph)
Lateral:	0 km/h	0 km/h
Energy Absorption:	38,868 joules (28,664 ft-lb.)	99,925 joules (73,691 ft-lb.)

The impact speed and velocity changes were computed by the damage and trajectory algorithms of the SMASH program.

COLLISION SEQUENCE

Pre-Crash:

The 34 year old female driver of the 1995 Ford Escort (Vehicle #1) was traveling from home to a nearby shopping area with her three week old female infant in the right front seat and a 43 kg (95 lb) German Shepard dog standing on the floor behind the front seats. The infant was restrained in a rear facing Century child safety seat which was secured in the right front seat with the manual lap belt.

The right front seat was adjusted to the full rearward position. The horizontal distance from the seat back support to the instrument panel was 61.0 cm (24.0") measured at 35.6 cm (14.0") above the seat and seat back junction. The overall length of the child safety seat including the handle adjusted in the forward position was 68.6 cm (27.0").

The alignment on the two lane, dry, asphalt, undivided roadway was an "S" curve where it curved left followed by a right curve for Vehicle #1's northbound travel lane prior to the POI. The posted speed limit was 72 km/h (45 mph) in a northbound direction on roadway. The roadway at the POI had a measured slope of negative 1.7 percent northbound with a superelevation of 7.0 percent.

Driver #2 was enroute to an insurance agency to obtain insurance for Vehicle #2. He had entered the southbound less than 0.8 km (0.5 miles) from the POI. Driver #2 was not using the manual three point lap and shoulder restraint belt. His right front passenger, a 33 year old female who was the owner of Vehicle #2, was properly restrained with the three point manual lap and should restraint belt.

Vehicle #2 was approaching from the opposite direction, traveling in an southbound direction also at approximately the speed limit. The 33 year old male driver of the 1988 Jeep Cherokee Laredo was not wearing the 3-point lap and shoulder belt. A 33 year old female passenger was seated in the

right front seat of the vehicle. She was properly restrained with the 3-point lap and shoulder belt system. Driver #2 saw Vehicle #1 approach in his travel lane. He applied full braking which resulted in approximately 12.8 m (42.0') of pre-impact skid marks. There were no pre-impact skid marks from Vehicle #1 observed during the scene inspection.

As Vehicle #2 was traveling in the curve section of the roadway (left curve southbound), Vehicle #1 crossed the double center line into the incoming travel lane. The right front passenger observed Vehicle #1's approach and yelled to Driver #2 to watch out. Driver #2 was looking slightly off road toward the right at the time, but peripherally noted Vehicle #1's approach. He instinctively applied full brakes resulting in the vehicle skidding a distance of 12.8 m (42.0') prior to impact. Driver #2 indicated that roadside conditions did not permit him to make an evasive right steering maneuver. He was confident that his occupation as a dump truck owner/driver provided the necessary skills to have avoided the crash had an escape route been available.

Crash:

Vehicle #1 struck Vehicle #2 head-on in a twenty-five percent impact configuration where the left front areas of both vehicles were in direct contact. It appeared from physical evidence from the scene and contact damage on Vehicle #1 that Driver #1 did not apply the brakes prior to POI.

During the impact sequence, the supplemental inflatable restraint system (SRS) in Vehicle #1 actuated the deployment cycle. The passenger side air bag module cover rotated upward and contacted the rear surface of the child safety seat. This contact was noted by the abrasions and cracks sustained by the plastic shell of the safety seat. The seat was then propelled rearward by the expanding air bag and struck the dog which was moving forward in response to impact forces. It rebounded and came to rest on the right front seat cushion.

Contact on the rear surface of the child safety seat by the right front air module cover and air bag resulted in multiple injuries to the child's skull and brain. The most severe injury suffered was a diffuse axonal injury of the left side of the brain (AIS-5).

Driver #1 moved forward and loaded the lap and torso belt system. She may have contacted the deploying driver side air bag, but contact appeared to minimal at best. There was no apparent impact related evidence on the surface of the air bag or air bag module cover. Her head and upper torso moved toward the right in response to impact forces and the loading of the in-board aspect of the seat back support by the 43 kg (95 lb) dog located in the rear seat area.

Her head contacted the left upper A-pillar which was displaced rearward 33.0 cm (13.0"). Head hair embedded in the vinyl shroud covering the A-pillar was located 7.6 cm (3.0") below the windshield header. She sustained multiple trauma to the skull and brain as the result of this contact sequence.

The effects of loading by the forward movement of the dog in the rear seat resulted in rib fractures of the right 4th, 5th, and 6th ribs with flail right side chest. The left surface of the driver's side door contacted the driver's left leg and left forearm. This contact resulted in fractures of the

trochanter, femur, and ulna. The driver rebound back against the seat back support and slumped forward resulting in a deposit of bodily fluid on the surface of the air bag.

The unrestrained dog was standing on the floor behind the left front and right front seats with its right side against the seat back supports. The dog moved forward toward the instrument panel during the crash sequence and deformed the in-board rear surfaces where the left front seat back support rotated in a counterclockwise direction and the right front seat back support in a clockwise direction. The dog contacted the top right surface of the child safety seat as the safety seat was propelled rearward by the passenger side air bag. A brown color transfer noted on the seat's removable fabric cover and lower right side carry handle was attributed to contact by the dog.

Driver #2 moved forward during the crash and loaded the steering wheel hub and rim with his upper body resulting in multiple contusions of the chest and sternum and a laceration of the chin. His right knee contacted the lower instrument panel which cracked the rigid plastic covering. He continued forward and laterally to the left contacting the upper A-pillar with his face. He sustained an abrasion of the nose during this contact sequence.

The right front passenger in Vehicle #2 moved forward against the manual lap and shoulder belt system which resulted in pain of the chest and abdominal area. Medical records indicated she sustained multiple contusions, but did not specified any body region.

Both vehicles rotated counterclockwise and traveled in reverse direction to their final rest positions (FRP). Vehicle #1 rotated ninety degrees and traversed the northbound travel lane coming came to the FRP in a shallow ditch adjacent to east shoulder. Vehicle #2 rotated 115 degrees and departed the west roadway edge coming to rest on the paved shoulder.

Post Crash:

Vehicle #1 came to rest facing in a westbound direction in a shallow ditch adjacent to the paved east shoulder of the roadway. Vehicle #2 came to rest facing in an eastbound direction with the front wheels on the southbound travel lane and the rear wheels on the paved west shoulder of the roadway.

The two occupants of Vehicle #1 and the two occupants of Vehicle #2 were transported to a [REDACTED] by rescue ambulance. The occupants of Vehicle #1 were examined and subsequently transferred to a trauma unit via helicopter. The infant was hospitalized for nine days while Driver #1 remained hospitalized for one month before being transferred to a rehabilitation facility. The occupants of Vehicle #2 were treated and released.

Driver Activities - The driver of Vehicle #1 was unresponsive at the scene and was removed by rescue. She arrived at the medical facility and arrived with a Glasgow Coma Scale of 3. The right front occupant was also unconscious and was transported to the same medical facility. The occupants of Vehicle #2 were conscious and were placed on a backboard prior to transport to a local medical facility.

Police Activities - The [REDACTED] responded within minutes of the crash. They investigated the crash and obtained on-scene photographs of the FRPs for both vehicles.

Rescue Activities - An EMT team arrived within minutes of the crash as their station was located nearby. They transported all parties via ambulance to a [REDACTED] for treatment and evaluation.

Scene Clearance - Vehicle #1 was towed from the scene to a local collision shop where it was impounded pending this investigation. Vehicle #2 was towed to Driver #2's residence where an inspection was completed.

HUMAN FACTORS/OCCUPANT DATA

Vehicle #1	Driver	Right Front Passenger
Age/Sex:	34 year old female	3 week old female
Height:	165.1 cm (65.0")	45.7 cm - 50.8 cm (18.0" - 20.0")
Weight:	63.5 kg (140.0 lbs)	3.4 kg (7.6 lbs)
Manual Restraint System Usage:	Wearing the manual lap and shoulder belt system	Child safety seat secured with the right front manual lap belt
Usage Source:	Vehicle inspection	Vehicle inspection, interview
Eyewear:	Contact lenses, both eyes	None
Jewelry:	Wedding ring on third finger of left hand, earrings for pierced ears	None
Clothing:	Blue jeans, knit shirt, dark green pullover, white sneakers	One-piece gym suit, purple multi-color hooded wool outerwear
Vehicle Familiarity:	Vehicle purchased new [REDACTED] 1994, but primarily driven by husband. Vehicle had just been repaired following a previous crash with an animal.	
Route Familiarity:	Very familiar	
Trip Plan:	From home to shopping	
Type of Medical Treatment:	Transported to a nearby hospital, evaluated, and transferred via helicopter to a second hospital where she remained for 28 days before being sent to a rehabilitation center	Transported to a nearby hospital, evaluated, and transferred with mother via helicopter to a second hospital where she remained for nine days before being released

Vehicle #2

	Driver	Right Front Passenger
Age/Sex:	33 year old male	33 year old female
Height:	177.8 cm (70.0")	Not known
Weight:	70.3 kg (155.0 lbs)	Not known
Manual Restraint System Usage:	Not wearing the manual lap and shoulder belt system	Wearing the manual lap and shoulder belt system
Usage Source:	Vehicle inspection	Vehicle inspection
Vehicle Familiarity:	Just purchased vehicle	
Route Familiarity:	Very familiar	
Trip Plan:	Enroute to insurance agent to obtain vehicle insurance	
Type of Medical Treatment:	Taken to a [REDACTED] where he was admitted for treatment and discharged the following day	Taken to a [REDACTED] where she was treated and released for seat belt type injuries. Readmitted to the same hospital 7 days later for a perforated appendix.

INJURY DATA

Driver #1 and the right front occupant in Vehicle #1 were transported to a [REDACTED] where they evaluated for extent of injuries. The driver arrived in an unconscious state while the baby was listed as alert and crying. They were subsequently transferred to a trauma unit via helicopter where they were admitted with AIS-5 brain injuries. The right front occupant, a three week old infant female was hospitalized in the pediatric intensive care unit for seven days prior to being moved to the ward. She was release from the hospital to home two days later. Driver #1 was hospitalized for 29 days prior to being transferred to a rehabilitation center.

The driver and right front occupant of Vehicle #2 were transported via ambulance to a [REDACTED] where they were treated and released for minor injuries. The right front occupant was admitted to the hospital one week after the crash for a perforated appendix. Surgery was performed and she was discharged seven days later.

Vehicle #1

INJURIES Driver #1	AIS-90 INJURY SEVERITY	INJURY SOURCE
1. Nondisplaced fracture of the left orbital roof	251202.22	Upper A-pillar
2-3. Laceration of the left scalp and forehead	190600.12 290600.17	Upper A-pillar Upper A-pillar
4-5. Ecchymosis around both eyes (raccoon eyes)	297402.11 297402.12	Upper A-pillar
6. Abrasions of the left upper abdominal quadrant	590202.12	Automatic torso restraint belt
7. Subarachnoid bleed	140684.39	Upper A-pillar
8-9. Ecchymosis to the right upper leg and medial left upper leg	790402.11 790402.12	Knee bolster Steering column
10. Open fracture of the left occipital area	150406.42	Upper A-pillar
11-12. Fractures of the mid left trochanter, distal femur, and a segmental fracture of the mid-shaft of the femur	851810.32 851814.32	Left front door surface Left front door surface
13. Significant comminuted midshaft fracture of the left ulna	753204.32	Left front door surface
14. Unconscious/unresponsive to painful stimuli, upon EMS arrival right pupil responds to the light, left pupil unresponsive, GCS = 3	160824.50	Upper A-pillar
<i>Supplemental discussion:</i> Eleven days after the crash, the patient was able to sit in a chair with a GCS score of 10, but remained on ventilator until the sixteenth day. During the final week of hospital stay, the patient's overall mental status improved dramatically with increased movement to the left extremities as well as purposeful movement. The patient was able to respond to questions as well as started talking in whispers. The patient was able to respond to commands, able to converse at a very minimal level, but unable to open the left eye with ptosis as well as the 5 to 6 mm pupillary dilation which had not changed since the time of the crash.		

INJURIES Driver #1	AIS-90 INJURY SEVERITY	INJURY SOURCE
15. Multiple fractures of the right side ribs with right side flail, ribs 4,5,6 were identified, bilateral pneumothoraces were evident at the lung bases	450262.31	Automatic torso restraint belt
16 Diffuse left cerebral edema	140668.32	Upper A-pillar

Right Front Passenger

INJURIES Right Front Passenger- Vehicle #1	AIS-90 INJURY SEVERITY	INJURY SOURCE
1. Subarachnoid hemorrhage along the sylvian fissure, vertex, and interhemispherically	140684.31	Passenger side air bag module cover and air bag
2. Blood at gray white junction at occipito parietal regions less than 1 cm in diameter each	140629.42	Passenger side air bag module cover and air bag
3. Left parietal intraparenchymal bleed	140629.42	Passenger side air bag module cover and air bag
4. Hematoma of the right temporal-parietal area	140602.31	Passenger side air bag module cover and air bag
5. Comminuted minimally depressed fracture of the left parietal bone	150404.32	Passenger side air bag module cover and air bag
6. Parenchymal contusion of the left parietal area	140602.32	Passenger side air bag module cover and air bag
7. Fracture of the right parietal bone	150404.31	Passenger side air bag module cover and air bag
8. Diffuse swelling of the brain	140660.39	Passenger side air bag module cover and air bag
9. Subdural blood on the right side	140650.41	Passenger side air bag module cover and air bag
10. Intraventricular bleeding of the right side	140678.41	Passenger side air bag module cover and air bag
11. Diffuse axonal injury of the left side	140628.52	Passenger side air bag module cover and air bag

Vehicle #2

INJURIES Driver #2	AIS-90 INJURY SEVERITY	INJURY SOURCE
1. 2.5 cm laceration of the chin	290602.18	Steering Wheel Rim
2. Abrasion of the left bridge of the nose	290202.14	Upper A-pillar
3. Multiple contusions of the anterior chest wall and sternum	490402.14	Steering Wheel Hub

Right Front Occupant of Vehicle #2

INJURIES Right Front Occupant of Vehicle #2	AIS-90 INJURY SEVERITY	INJURY SOURCE
1. Multiple contusions, complained of pain of the left chest and left pelvic area	990400.19	Manual lap and shoulder belt
<i>Supplemental discussion:</i> Seven days after the date of the crash, the right front occupant underwent a laparoscopic appendectomy for a perforated appendicitis.		

OCCUPANT KINEMATICS**Vehicle #1*****Right Front Passenger Kinematics***

The three week old female passenger was restrained in a rearward facing Century child safety seat which was secured in the right front passenger seat with the manual lap belt. The seat track was adjusted to the full rearward position. The seat back angle was 5 degrees rearward of vertical measured at the vertical midpoint of the seat back support. The leading edge of the seat cushion was 15 degrees higher than the rear portion of the seat cushion. The distance from the leading edge of the seat cushion to the floor was 27.9 cm (11.0").

The horizontal distance from the right front passenger seat back support to the air bag module was 61.0 cm (24.0") measured at 35.6 cm (14.0") above the seat and seat back junction. The overall length of the child safety seat with the carry handle in the forward position was 68.6 cm (27.0").

During the SRS actuation sequence, the air bag module cover flap rotated upward and contacted the carry handle and rear surface of the child safety seat. This contact interaction was

noted by the abraded fractured handle and black vertical striated pattern on the surface of the plastic shell.

The expanding passenger side air bag contacted the back of the child safety seat and propelled it rearward. As the seat was accelerated, the child's head compressed the padded fabric covering and underlying 2.2 cm (0.875") thick foam padding and loaded the safety seat's back support. This was evidenced by the skull and brain injuries suffered by the child and by the fractures of the plastic shell. Injuries suffered included: a subarachnoid hemorrhage; fracture of the left and right parietal bones; diffuse swelling of the brain; and diffuse axonal injury.

The child safety seat rotated upward and was contacted by the dog along the top right side as the dog was moving forward in response to impact forces. Brown color transfers on the safety seat covering were attributed to this contact. The safety seat rebounded and came to rest on the seat cushion.

Driver #1 Kinematic Pattern

The kinematic pattern of Driver #1 during the crash sequence appeared to be influenced by the restraint belts and the interaction of the 43 kg (95 lb) dog located in the rear seat area. At the outset of the crash, the Supplemental Restraint System (SRS) began the deployment sequence as designed. Driver #1 began to move forward in response to the twelve o'clock principal direction of force and loaded the lap and torso restraint belts with her abdominal and chest areas. The unrestrained dog located in the rear seat area was propelled forward and contacted the in-board aspect of the driver's seat back support surface resulting in a 22.9 cm (9.0") forward displacement of the in-board aspect of the seat back support.

The forward displacement of the driver seat back support increased the load of the driver's chest against the torso belt resulting in right side rib fractures with flail chest and bilateral pneumothorax. The driver's lower torso moved forward with her right leg contacting the knee bolster and her left leg contacting the outboard surface of the steering column. These contacts resulted in contusions of the right upper leg and medial left upper leg.

The driver's upper body was redirected forward and to the left by the seat back rotation. Her head contacted the left upper A-pillar which was displaced rearward 33.0 cm (13.0") at the belt line during the impact sequence. There were long strands of hair embedded in the vinyl shroud cover over the pillar. As a result of this contact sequence, she sustained a laceration of the left scalp, open fracture of the occipital bone, and severe injuries of the brain. Upon arrival at [REDACTED] facility, she had a GCS Glasgow coma scale) of three.

Driver #1's lower torso moved toward the left door surface which intruded into the occupant's space from impact of deformation.

Driver #1 rebounded back in the driver's seat where she remained secured by the lap and torso belt systems as noted by the bodily fluid transfers on the belt webbing. Additionally, the lap belt was cut during rescue driver extrication procedures. The driver slumped forward over the driver side air

bag which exhibited a 12.7 cm x 16.5 cm (5.0" x 6.5") bodily fluid transfer in the upper left area of the air bag which was attributed to the position of the head at her final rest position.

Vehicle #2

Driver #2 Kinematic Pattern

Driver #2 was not restrained by the available manual lap and torso restraint belt at the time of the crash. The driver applied maximum brakes prior to the crash and skidded 12.8 m (42.0') to the POI. During the crash sequence, Driver #1 moved forward and contacted the lower instrument panel with his knees and the steering wheel hub and rim with his chest and face. This contact sequence resulted in multiple contusions of the chest wall and sternum and a laceration of the chin.

The driver's upper body deformed the steering, but did not compress the steering column as noted by the lack of shear capsule displacement. He moved forward and to the left contacting the upper A-pillar with his face resulting in an abrasion of the nose.

Right Front Passenger Kinematics

The right front passenger was properly restrained by the available three point manual lap and torso belt. During the crash sequence, she loaded the restraint which resulted in typical seat belt type injuries which included multiple contusions and pain of the left chest and left pelvic area. She came to final rest position sitting upright in her seat .

Appendix A

Selected Photographs



1. View of the northbound pre-crash trajectory of the 1995 Ford Escort (Vehicle #1) at 91 meters (300') prior to the point of impact (POI).



2. Pre-crash trajectory - 76 meters (250 ft.) prior to the POI.



3. Pre-crash trajectory - 61 meters (200 ft.) prior to the POI.



4. Pre-crash trajectory - 46 meters (150 ft.) prior to the POI.



5. Pre-crash trajectory - 30 meters (100 ft.) prior to the POI.



6. Pre-crash trajectory - 15 meters (50 ft.) prior to the POI.



7. Pre-crash trajectory of Vehicle #1 crossing the double yellow centerline of roadway.



8. Pre-crash trajectory - 9 meters (30 ft.) prior to the POI.



9. Pre-crash trajectory - 4.6 meters (15 ft.) prior to the POI.



10. View of the POI showing impact evidence.



11. Close-up view of the POI showing impact evidence.



12. Reverse view of Vehicle #1's trajectory from beyond POI.



13. Reverse view of Vehicle #1's trajectory.



14. View of Vehicle #1's left front tire mark.



15. Close-up view of the left front skid mark.



16. Final rest position (FRP) of Vehicle #1.



17. Lookback view of Vehicle #1 from the FRP.



18. Lookback view of the crash scene.



19. Overall view of the southbound pre-crash trajectory of the 1988 Jeep Cherokee (Vehicle #2).



20. Pre-crash trajectory of Vehicle #2 - 76 meters (250 ft.) prior to the POI.



21. Pre-crash trajectory of Vehicle #2 - 61 meters (200 ft.) prior to the POI.



22. Pre-crash trajectory of Vehicle #2 - 46 meters (150 ft.) prior to the POI.



23. Pre-crash trajectory of Vehicle #2 - 30 meters (100 ft.) prior to the POI.



24. Pre-crash trajectory - 15 meters (50 ft.) prior to the POI showing the beginning of Vehicle #2's front skid marks.



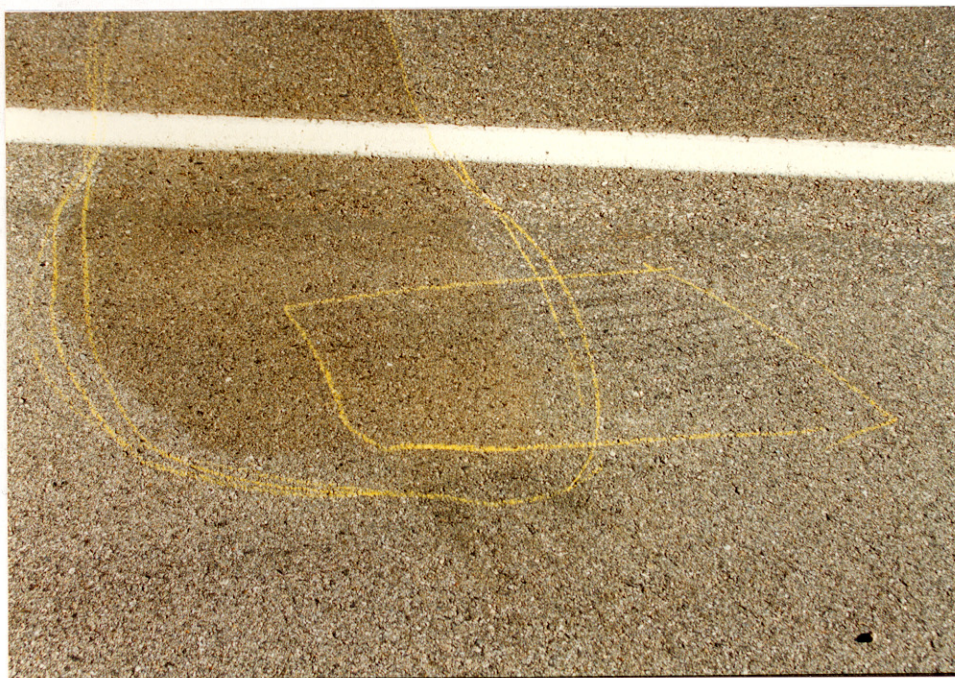
25. Close-up view of the front skid marks of Vehicle #2.



26. View of the pre-impact skid marks at the POI.



27. Close-up view of the front skid marks at the POI.



28. Close-up view of the right rear tire mark at Vehicle #2's FRP.



29. FRP of Vehicle #2.



30. Lookback view of the crash scene from Vehicle #2's FRP.



31. Lookback view of Vehicle #2's pre-impact skid marks.



32. Lookback view of the skid marks from the POI.



33. Lookback view showing the beginning of Vehicle #2's skid marks.



34. Lookback view at 15 meters (50 ft.) from the POI.



35. Lookback view at 46 meters (150 ft.) from the POI.



36. Lookback view at 61 meters (200 ft.) from the POI.



37. View of a non-contact vehicle's trajectory which avoided contact with Vehicle #1 by skidding off the east roadway edge onto the adjacent shoulder.



38. Lookback view of the non-contact vehicle's trajectory .



39. On-scene photograph showing Vehicle #1 at FRP.



40. View of the crash scene from the south facing direction.



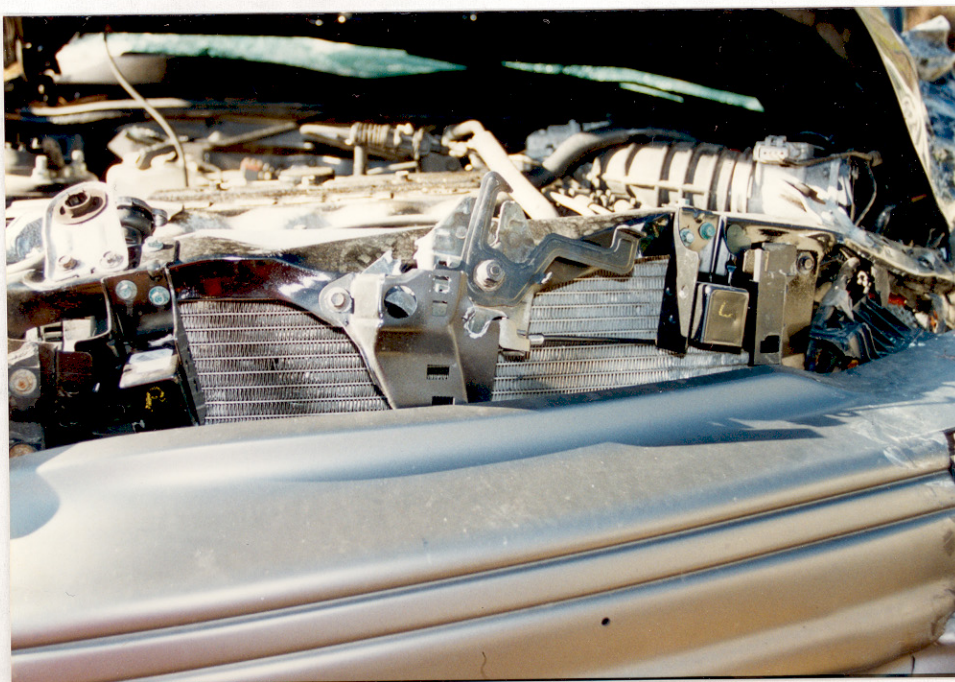
41. On-scene photograph showing Vehicle #2 at FRP.



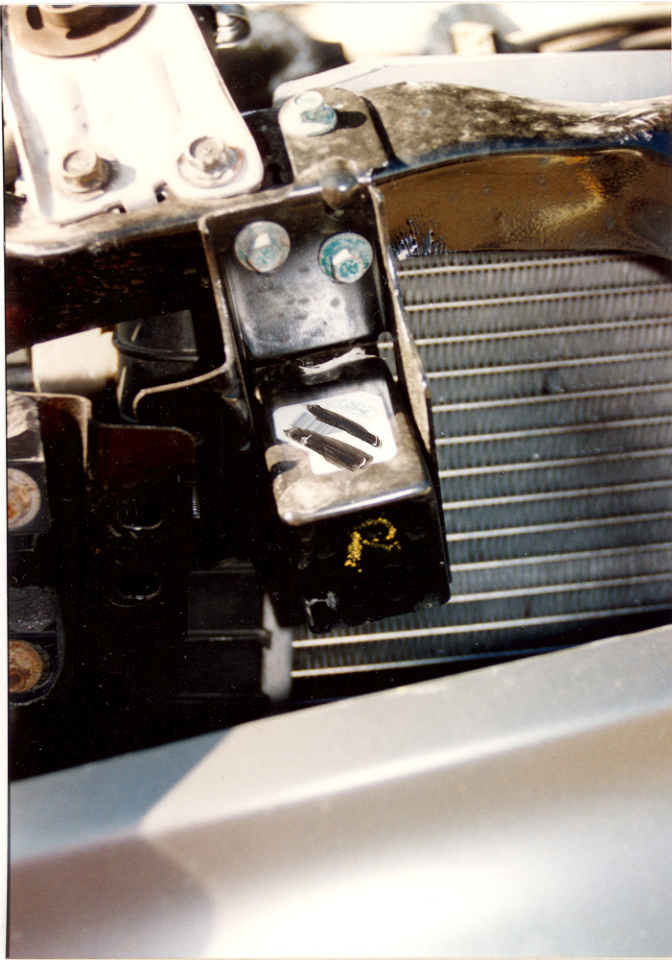
42. Overall view of the 1995 Ford Escort's frontal plane.



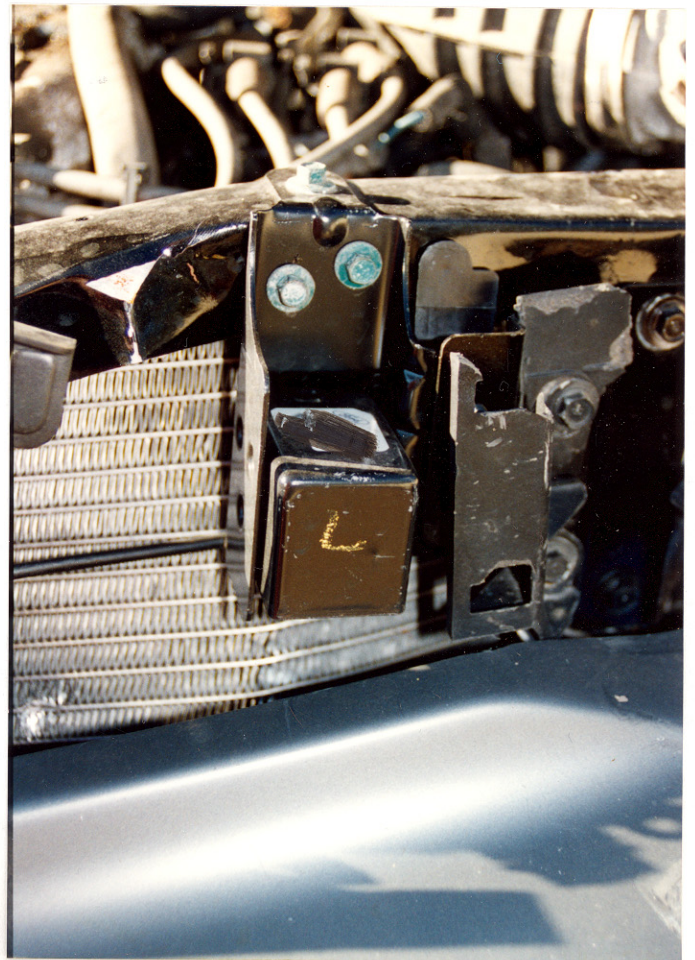
43. View of the direct contact damage to the left frontal plane.



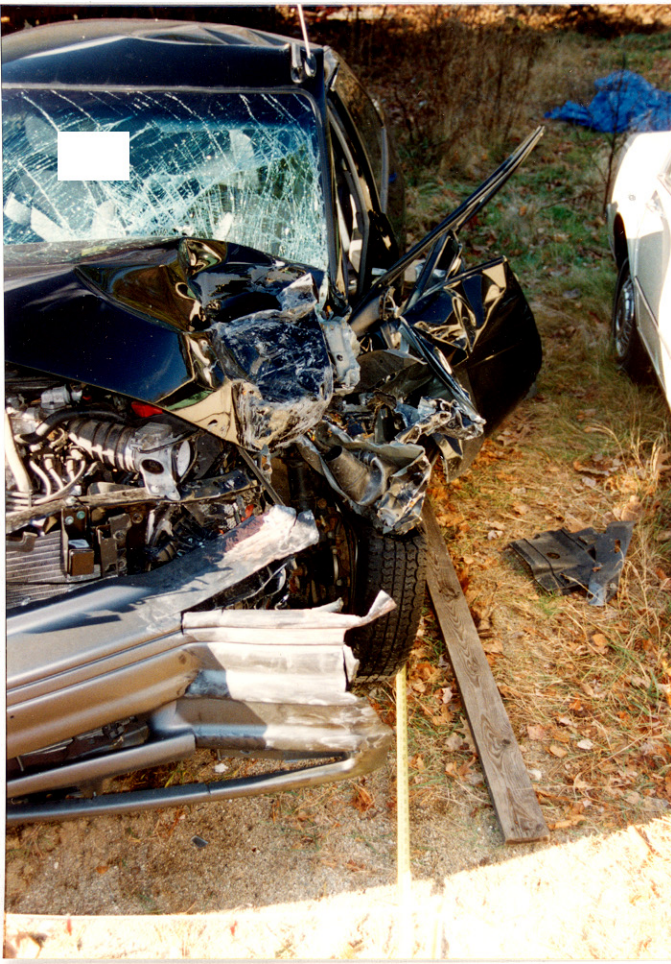
44. View of the damage to the upper radiator support bracket and crash sensors located on the upper radiator support bracket.



45. Close-up view of the damage to the right crash sensor.



46. Close-up view of the damage to the left crash sensor.



47. Longitudinal view of the left side plane.



48. View of the left front corner showing upward displacement of the hood and rearward displacement of the upper left A-pillar.



49. Left front corner view.



50. Close-up view of Vehicle #1's left front corner showing the contact pattern consistent with the left front corner of Vehicle #2.



51. Lateral view showing rearward displacement of the left front corner of Vehicle #1.



52. Lateral view of the left front corner showing the rearward displacement of the left front wheel.



53. Vertical view of the left front door and rearward displacement of the upper left A-pillar.



54. View of the damage to the left front door of Vehicle #1.



55. Left rear corner view.



56. Right rear corner view.



57. View of the right side plane.

58. Lateral view from the right side showing rearward displacement of the front bumper, grille, and the upper radiator support bracket.





59. Longitudinal view of the right side plane showing lateral displacement.



60. Angular view of the driver's side instrument panel.



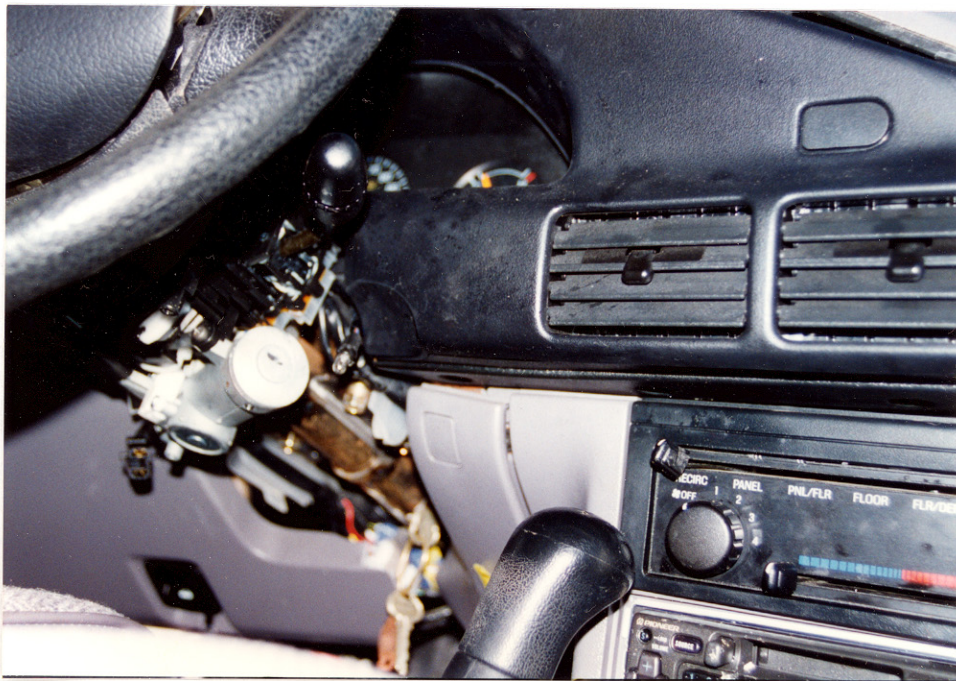
61. View of contact evidence on the left side of the instrument panel



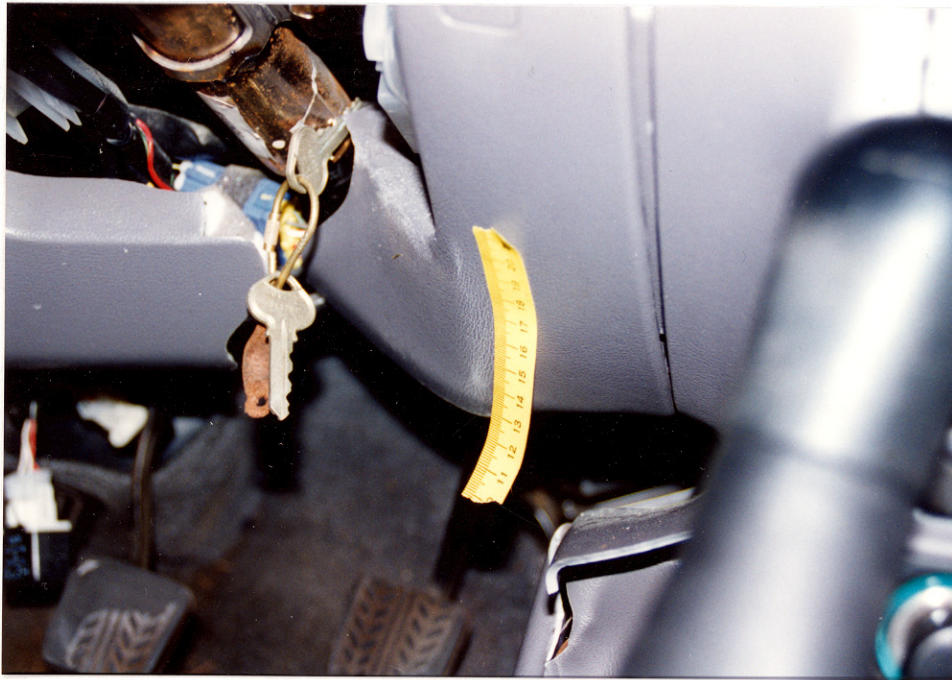
62. Close-up view of the occupant contact damage to the left side knee bolster.



63. View from the left side showing the steering column forward displacement.



64. View of the damage to the left lower instrument panel.



65. Scuff pattern on the surface of the knee bolster by the driver's right knee.

66. Vertical view of the driver's side showing the A-pillar intrusion, the deployed air bag and the deformed seat back support.





67. Vertical view of the driver's side showing the left sunvisor, left A-pillar, windshield, and air bag.



68. Air bag warning label on the left sunvisor visible when the visor is in the "up" position.



69. Air bag warning label on roof side of left sunvisor.



70. Close-up view of occupant contact damage, hair strands, and bodily fluid transfer evidence on left A-pillar.



71. Vertical view of the left front instrument panel.



72. Close-up view of contact damage and bodily fluid on the left instrument panel.



73. View of the rearward displacement of the left instrument panel.



74. View of bodily fluid transfer evidence on the driver's side instrument panel.



75. View of the driver side air bag module upper flap and the air bag vent ports.



76. Close-up view of the location of occupant contact on the driver side air bag module upper flap.



77. View of the driver side air bag module lower flap and air bag.



78. View of the driver side air bag with bodily fluid transfer evidence in the lower right quadrant (steering wheel rotated 165 degrees clockwise).



79. Overall view of the driver's seat and 2-point manual lap belt and 2-point motorized automatic torso belt.



80. View of the bodily fluid transfer on the driver's torso belt.



81. View of the bodily fluid transfer on the driver's lap belt.



82. Restraint belt warning label located on the roof area between the sunvisors.



83. Vertical view of the center instrument panel and center console.



84. Vertical view of the deformation to the rear surface of the driver and passenger seat back supports.



85. Angular view of the instrument panel highlighting the right front occupant contacts.



86. Lateral view from the right side of the right front passenger seat showing the excursion of the passenger side air bag.



87. Overhead view of the right front passenger seating area.



88. Air bag warning label on the roof side of the right sunvisor.



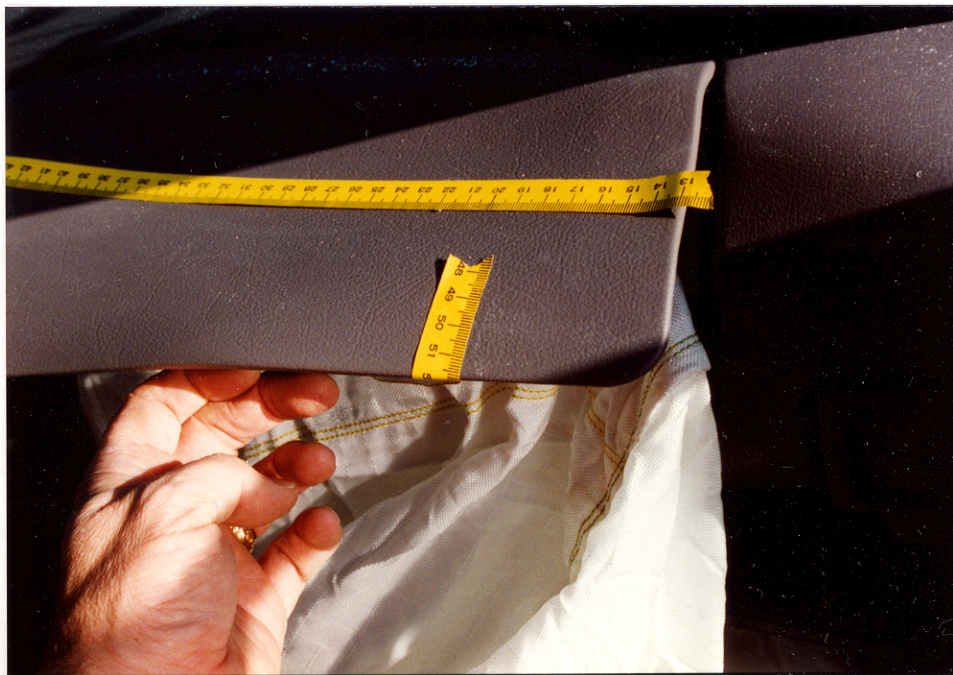
89. Vertical view of the right front passenger air bag module and right front instrument panel.



90. View of the passenger side air bag module cover.



91. Close-up view of horizontal scuff marks on the passenger side air bag module cover.



92. Close-up view of a vertical scuff mark on the passenger side air bag module cover.



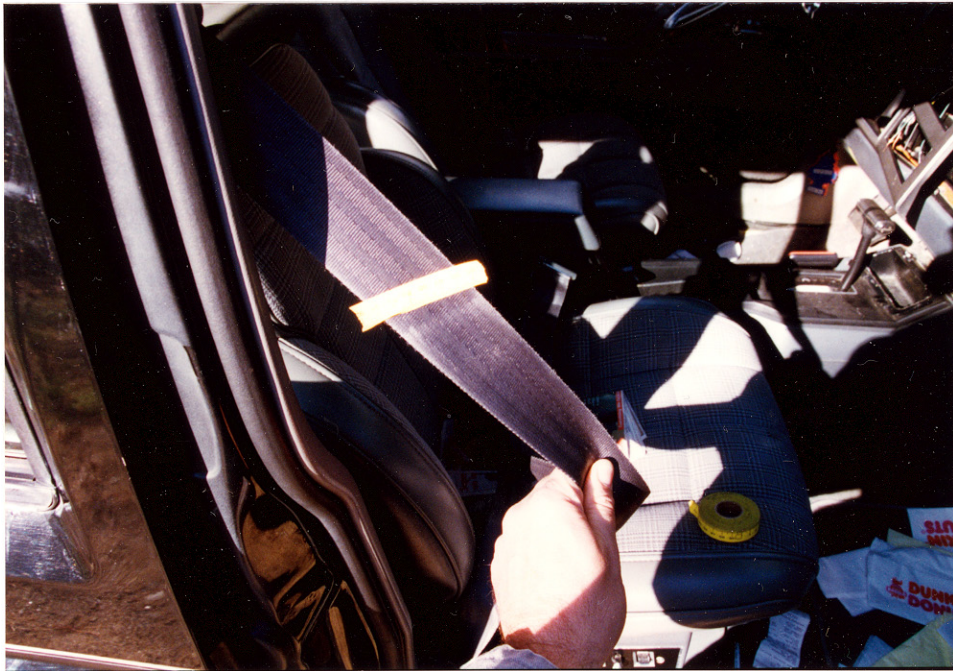
93. View of the passenger side air bag showing the vent port and the contact evidence consisting of a blue transfer mark.



94. View of the passenger side air bag showing the location of contact evidence.



95. Close-up view of the passenger side air bag showing a blue transfer mark.



96. View of the right front torso belt highlighting an abraded area.



97. View of the right front passenger lap belt showing the child seat warning label.

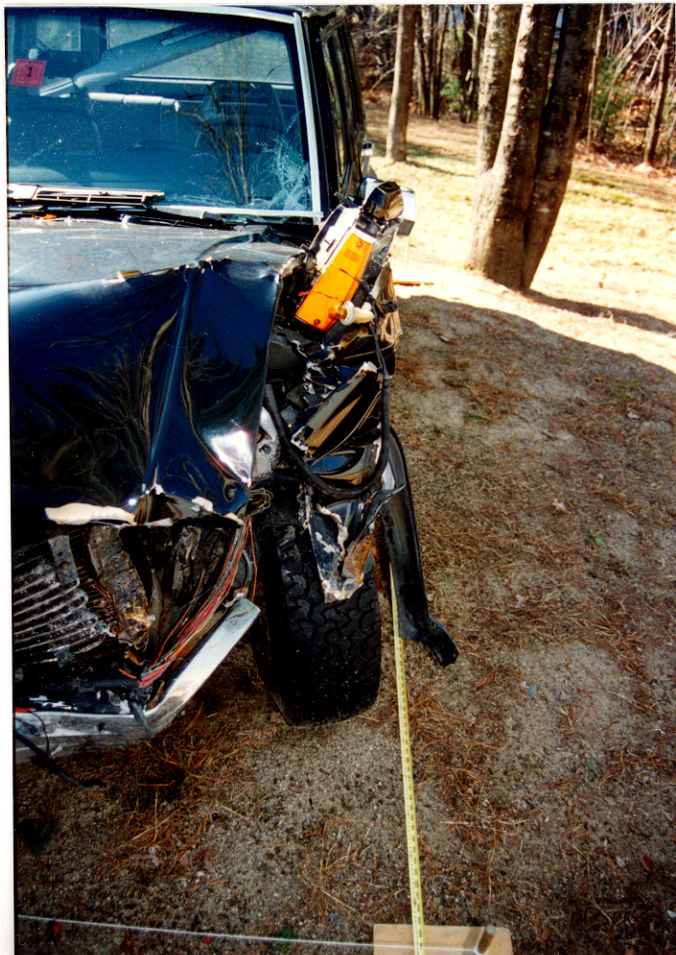


98. Close-up view of the child seat warning label showing that most of the label is worn away from frequent belt usage.

**PAGES A50-A51 IS NOT
INCLUDED IN THIS CASE.**



103. Close-up view of the left frontal plane of Vehicle #2 focusing on the damaged area.



104. Longitudinal view of Vehicle #2's left side plane.

105. Overhead view of Vehicle #2 from the left side showing the rearward displacement of the front bumper, left front wheel, grille, and hood.



106. Left front corner view of Vehicle #2.



107. View of the left side plane of Vehicle #2.



108. Lateral view showing rearward displacement of the front bumper, grille, hood, and left front wheel.



109. Close-up view of Vehicle #2's left front corner showing the contact pattern consistent with the left front corner of Vehicle #1.



110. Left rear corner view of Vehicle #2.



111. Right rear corner view of Vehicle #2.



112. Right front corner view.

113. Longitudinal view of the right side plane of Vehicle #2 showing lateral displacement of the right front fender.



114. Lateral view of Vehicle #2's interior taken from the left side of the vehicle.



115. Angular view of left front instrument panel and interior of Vehicle #2.



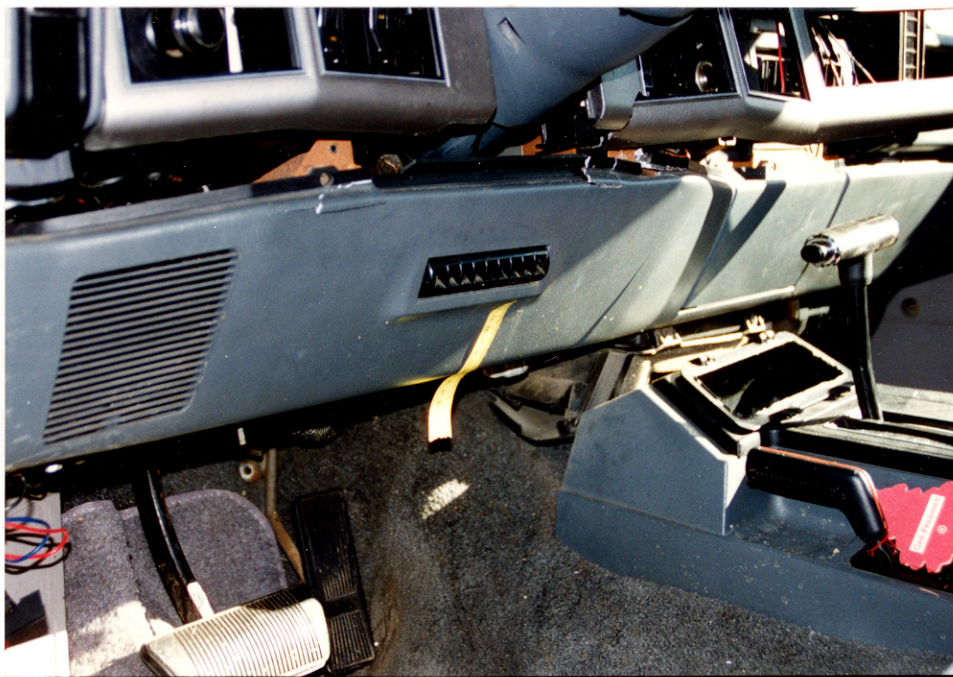
116. Close-up view of a bodily fluid transfer on the upper left A-pillar of Vehicle #2.



115. Angular view of left front instrument panel and interior of Vehicle #2.



116. Close-up view of a bodily fluid transfer on the upper left A-pillar of Vehicle #2.



117. View of the left lower instrument panel highlighting contact by the driver's left knee.



118. Close-up view of the left instrument panel showing the forward displacement.

119. View of the steering wheel and front instrument panel of Vehicle #2.



120. Lateral view of the steering wheel showing deformation as a result of driver contact.

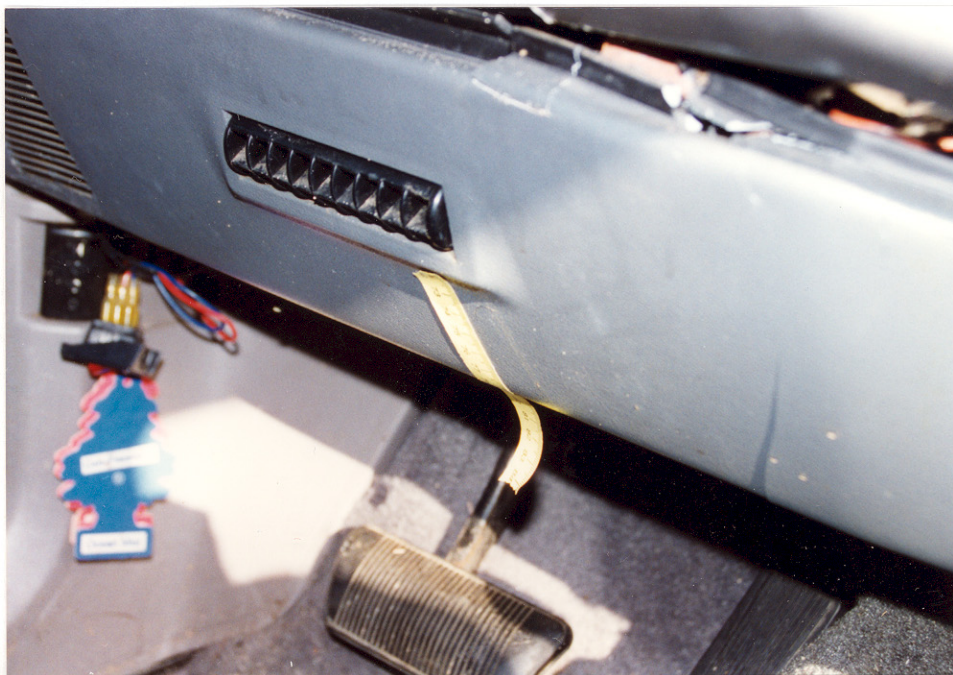
121. Vertical view of the
of the center instrument
panel of Vehicle #2.



122. Vertical view of the right front
instrument panel of Vehicle #2
showing no occupant contacts.



123. Angular view of the center and right instrument panel of Vehicle #2.



124. Close-up view of the driver's right knee contact evidence on the lower left instrument panel.



125. Lateral view of Vehicle #2's interior taken from the right side of the vehicle.



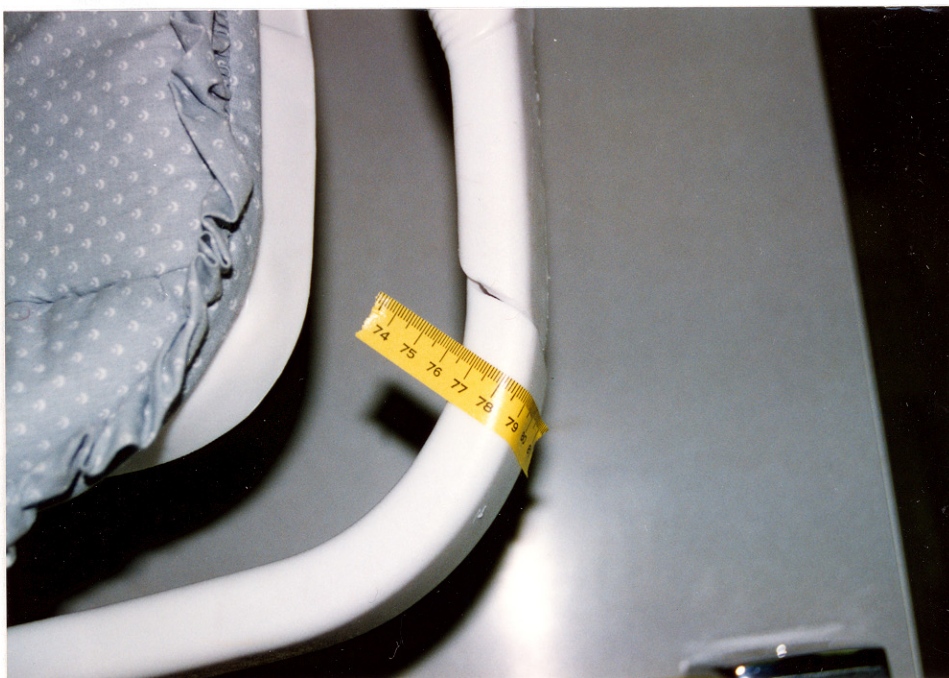
126. Lateral view from the right side showing steering wheel forward displacement and column displacement.



127. Lateral view of the right front passenger seat.



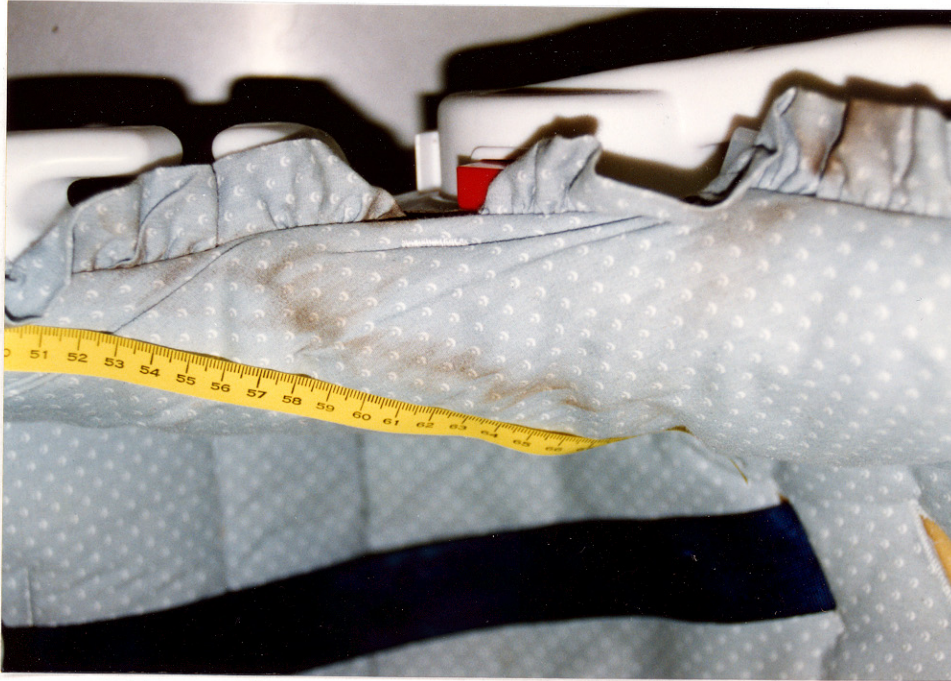
128. Overall view of the Century Infant Safety Seat



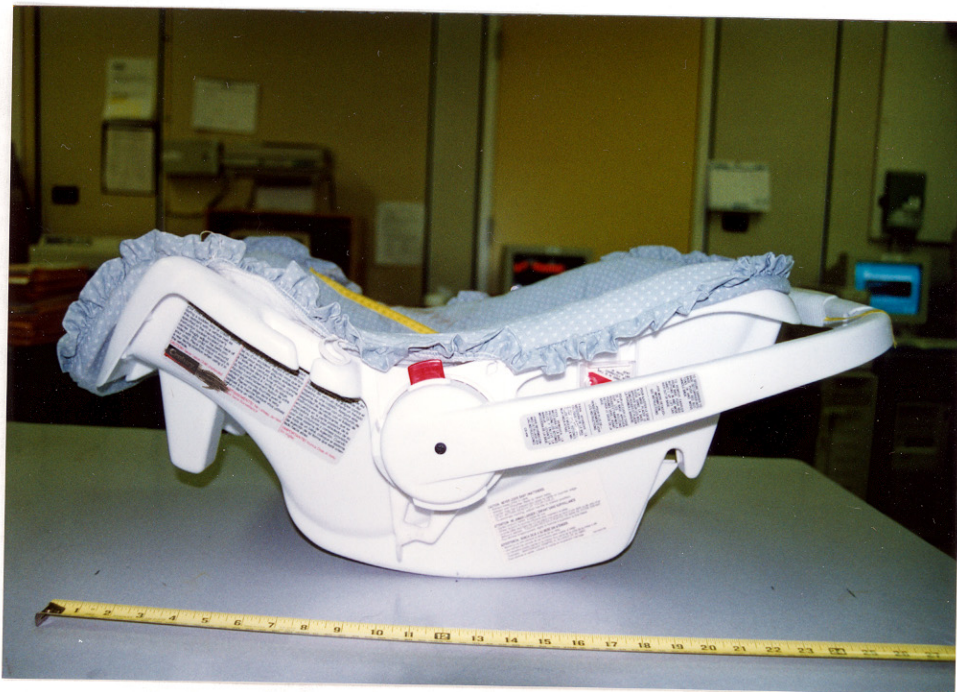
129. Close-up view of the fracture arm of the safety seat carry handle.



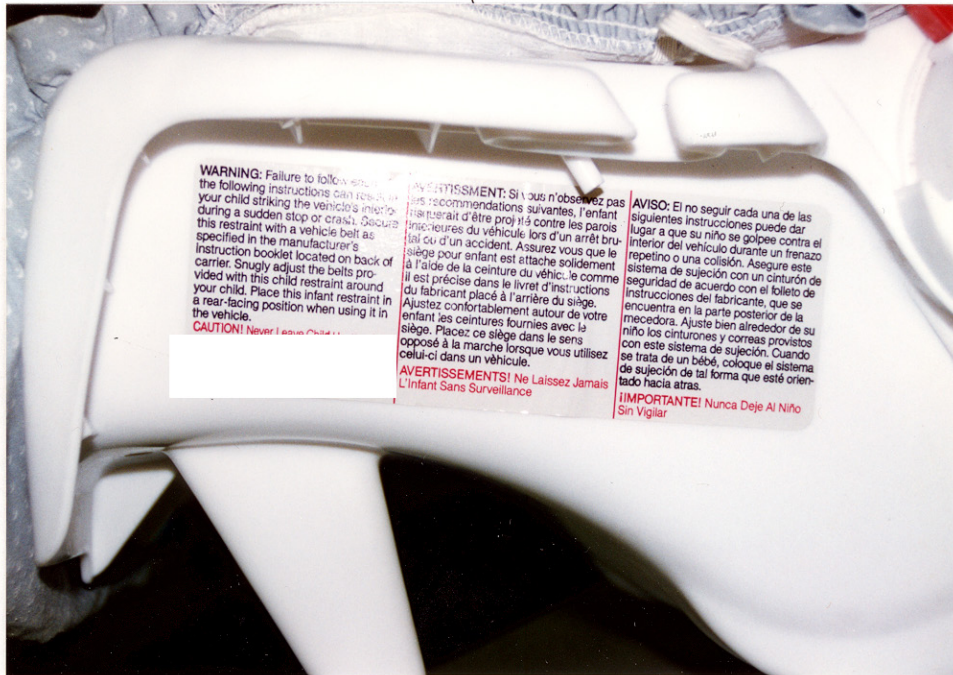
130. View of the padding under the seat cover attached to the shell of the seat back support.



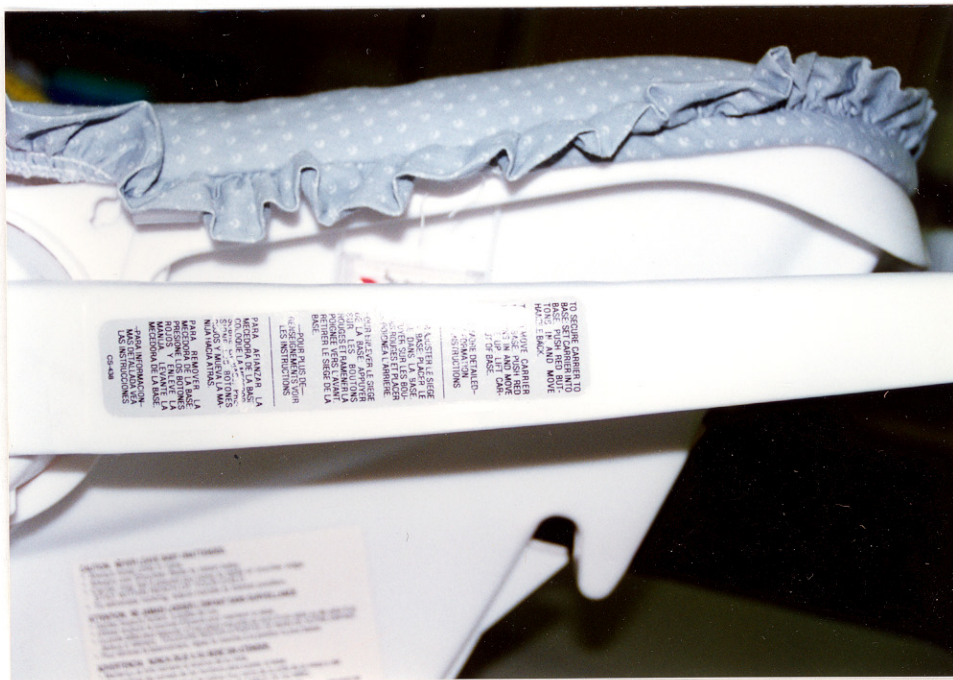
131. View of the brown transfer on the top right side of the seat safety seat from contact with the dog during the crash event.



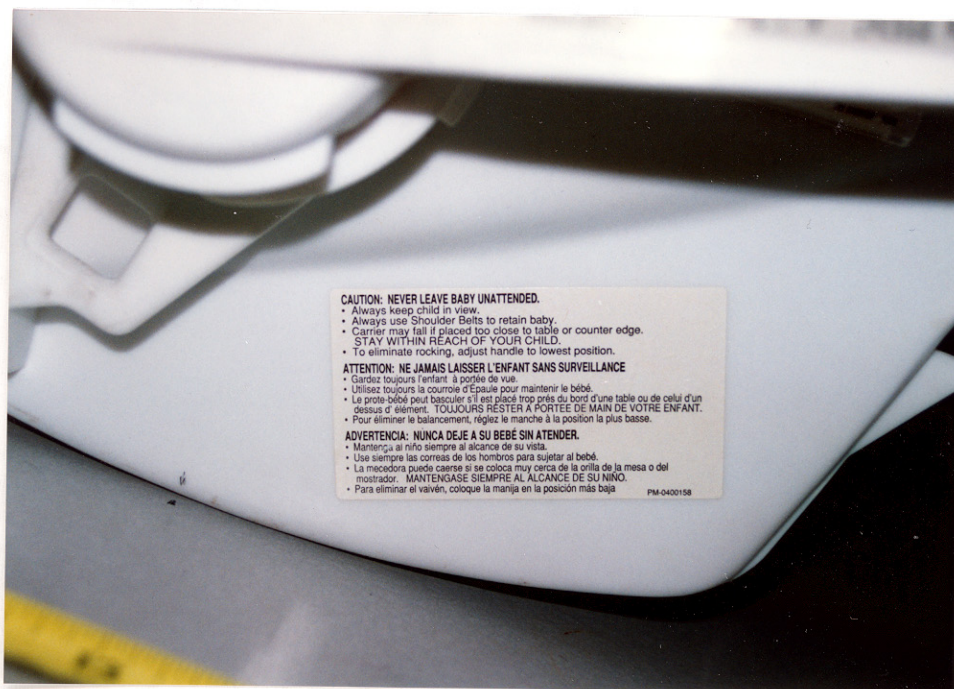
132. View of the left side of the safety seat, the side adjacent to the right front door panel.



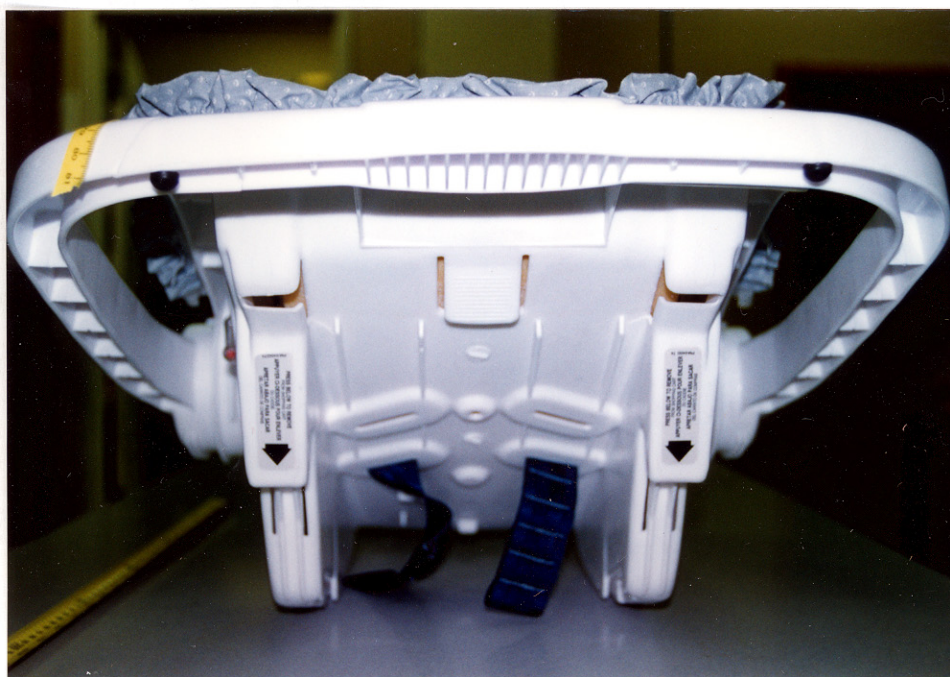
133. View of the warning label attached to the left surface of the safety seat shell.



134. View of the instructions regarding the function and use of the carry handle.



135. View of the warning label attached to the left side of the safety seat.



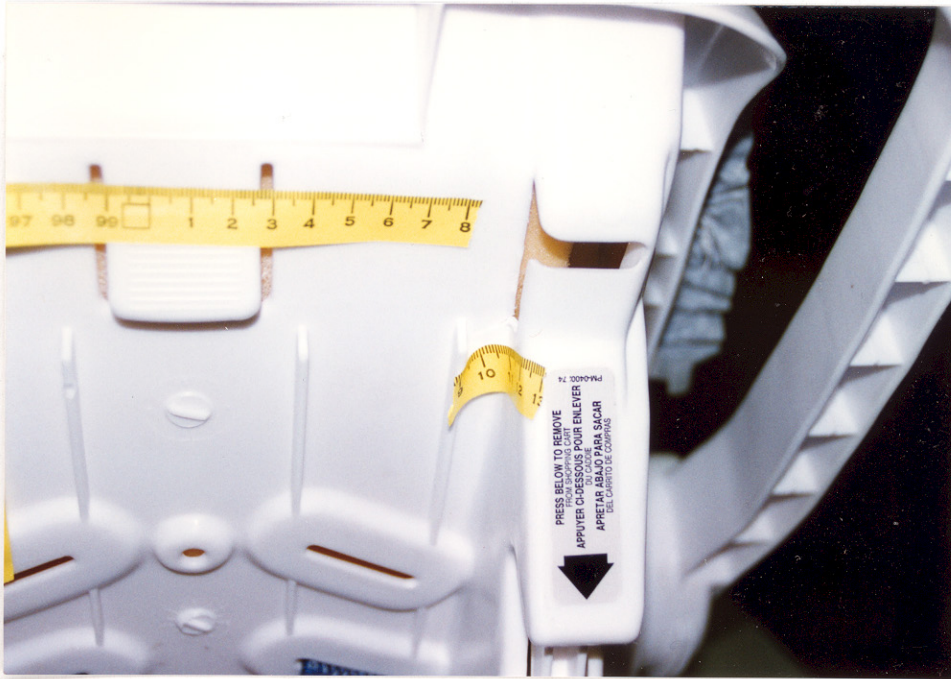
136. View of the rear plane of the safety seat, plane closest to the instrument panel and passenger side air bag module cover at the time of the crash.



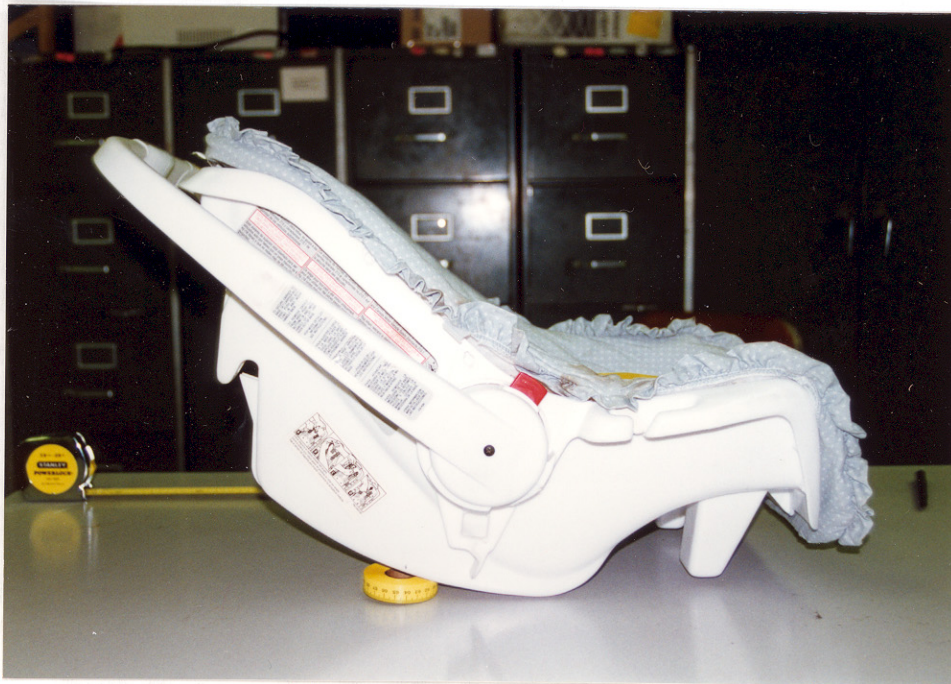
137. Close-up view of the abrasions and light black transfer mark on the rear surface of the safety seat shell from contact with the passenger side air bag module cover during the deployment sequence.



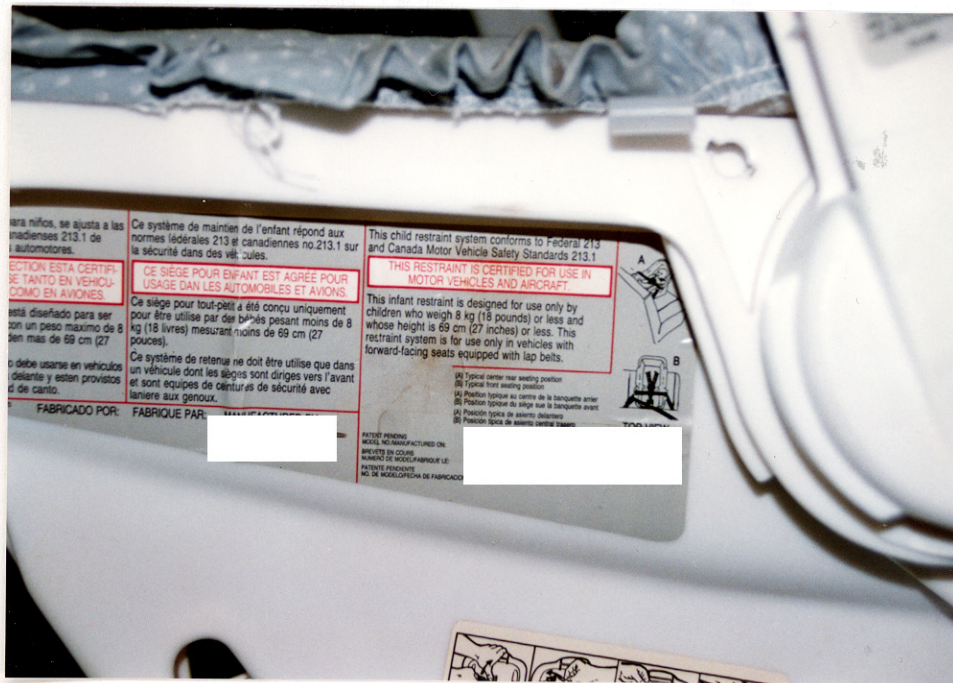
138. View of the crack in the rear left rear surface of the safety seat.



139. View of the crack in the safety seat shell located in the upper right rear plane of the safety seat shell.



140. Right side view of the infant safety seat.



141. View of the infant safety seat serial number and manufacturers label.

Appendix B

SMASH ALGORITHM

Summary of Results Using Damage

SCI CA96-21

	Speed Change (Damage)	Impact Speed (Damage and Spinout)
Vehicle #1		
Total	35 km/h (22 mph)	40 km/h (25 mph)
Longitudinal	-35 km/h (-22 mph)	40 km/h (25 mph)
Latitudinal	0 km/h (0 mph)	0 km/h (0 mph)
PDOF Angle	0 ½	
Energy Dissipated	= 38868 Joules (28664 Ft-Lb)	
Barrier Equivalent Speed	= 24.2 km/h (15.1 mph)	
Calculated using crush coefficients entered by the user.		

Vehicle #2		
Total	27 km/h (17 mph)	46 km/h (29 mph)
Longitudinal	-27 km/h (-17 mph)	46 km/h (29 mph)
Latitudinal	0 km/h (0 mph)	0 km/h (0 mph)
PDOF Angle	0 ½	
Energy Dissipated	= 99925 Joules (73691 Ft-Lb)	
Barrier Equivalent Speed	= 36.5 km/h (22.7 mph)	
Calculated using crush coefficients entered by the user.		

Separation Results

	Vehicle #1 áááááááááááá	Vehicle #2 áááááááááááá
Separation (Using Spinout)		
us	5 km/h (3 mph)	19 km/h (12 mph)
vs	13 km/h (8 mph)	14 km/h (8 mph)
psisd	-286 deg/sec	-122 deg/sec

General Information

	Vehicle #1 áááááááááá	Vehicle #2 áááááááááá
Year	1995	1988
Make	Ford	Jeep
Model	Escort	Cherokee
CDC	12FLEE8	12FLEW3
Side Damaged	F	F
PDOF Angle	0 ½	0 ½
Heading Angle	359 ½	179 ½
Calculation method: Vehicle's Crush Coeff. Vehicle's Crush Coeff.		
d0 crush coeff.	99.19 sqrt(N)	109.73 sqrt(N)
d1 crush coeff.	6.47 sqrt(N)/cm	8.51 sqrt(N)/cm

Damage Information

	Vehicle #1 áááááááááá Yes	Vehicle #2 áááááááááá Yes
Vehicle Damage Known		
Crush Length	142.2 cm (56 in)	165.1 cm (65 in)
C1	54.0 cm (21 in)	61.7 cm (24 in)
C2	30.5 cm (12 in)	24.8 cm (10 in)
C3	19.0 cm (7 in)	16.5 cm (6 in)
C4	8.9 cm (4 in)	7.0 cm (3 in)
C5	1.5 cm (1 in)	0.0 cm (0 in)
C6	0.0 cm (0 in)	0.0 cm (0 in)
D	-53.2 cm (-21 in)	-41.8 cm (-16 in)
D'	-88.2 cm (-35 in)	-68.0 cm (-27 in)

Scene Information

	Vehicle #1 áááááááááá	Vehicle #2 áááááááááá
Impact		
x position	1.3 m (4.3 ft)	5.5 m (18.0 ft)
y position	6.3 m (20.7 ft)	5.2 m (17.1 ft)
heading angle	359 ½	179 ½
Rest		
x position	2.7 m (8.9 ft)	0.9 m (3.0 ft)
y position	16.2 m (53.1 ft)	2.0 m (6.6 ft)
heading angle	270 ½	75 ½
Side-Slip Angle	0 ½	0 ½

Motion Information

	Vehicle #1 áááááááááá	Vehicle #2 áááááááááá
Did Vehicle Rotate?	Yes	Yes
Did Rotation Stop?	Yes	No
End of Rotation x position	2.7 m (8.9 ft)	0.9 m (3.0 ft)
End of Rotation y position	10.0 m (32.8 ft)	2.0 m (6.6 ft)
End of Rotation angle	270.0 ½	75.0 ½
Curved Path?	No	No
Curved Path x position	0.0 m (0.0 ft)	0.0 m (0.0 ft)
Curved Path y position	0.0 m (0.0 ft)	0.0 m (0.0 ft)
Direction of Rotation	CCW	CCW
Amount of Rotation	< 360 ½	< 360 ½

Was There Sustained Contact Between the Vehicles? No

Friction Information

	Vehicle #1 áááááááááá	Vehicle #2 áááááááááá
Rolling Resistance		
Left Front Wheel	1.00	1.00
Right Front Wheel	0.29	0.10
Left Rear Wheel	0.01	0.29
Right Rear Wheel	0.01	0.29
Coefficient of Friction = 0.70		

Vehicle Dimensions

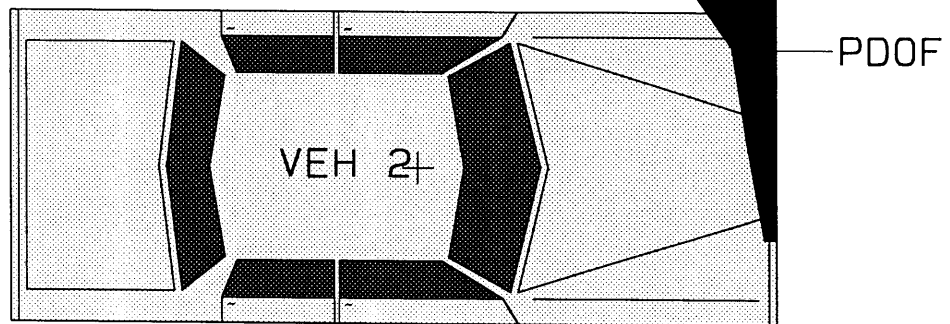
	Vehicle #1 áááááááááááá	Vehicle #2 áááááááááááá
Length	431.7 cm (170 in)	419.9 cm (165 in)
Width	169.5 cm (67 in)	179.1 cm (71 in)
Wheelbase	250.0 cm (98 in)	257.6 cm (101 in)
Weight	1165 kgs (2568 lbs)	1495 kgs (3296 lbs)
CG to Front of Veh	193.0 cm (76 in)	211.6 cm (83 in)
Engine Displacement	1.9 liters	4.0 liters
Moment of Inertia	196120 kgs (17359 lbs)	238253 kgs (21088 lbs)
Vehicle Mass	1165 kgs (6.7 lb-s ² /in)	1495 kgs (8.6 lb-s ² /in)

Trajectory Simulation Results

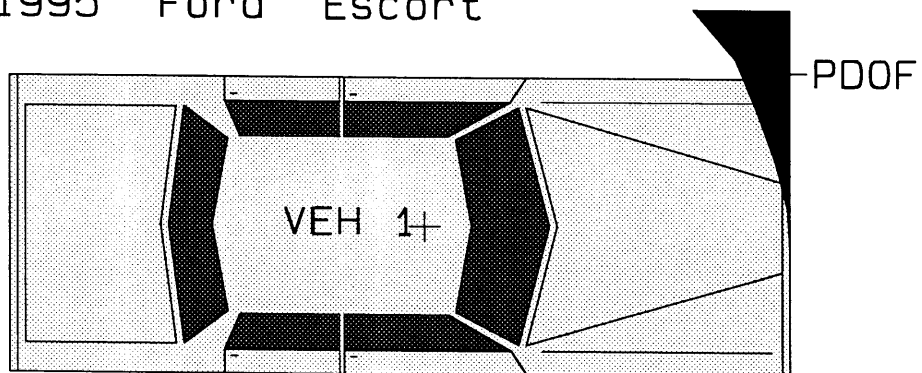
Simulation Time: 0.000 seconds Integration Step = 0.000 seconds

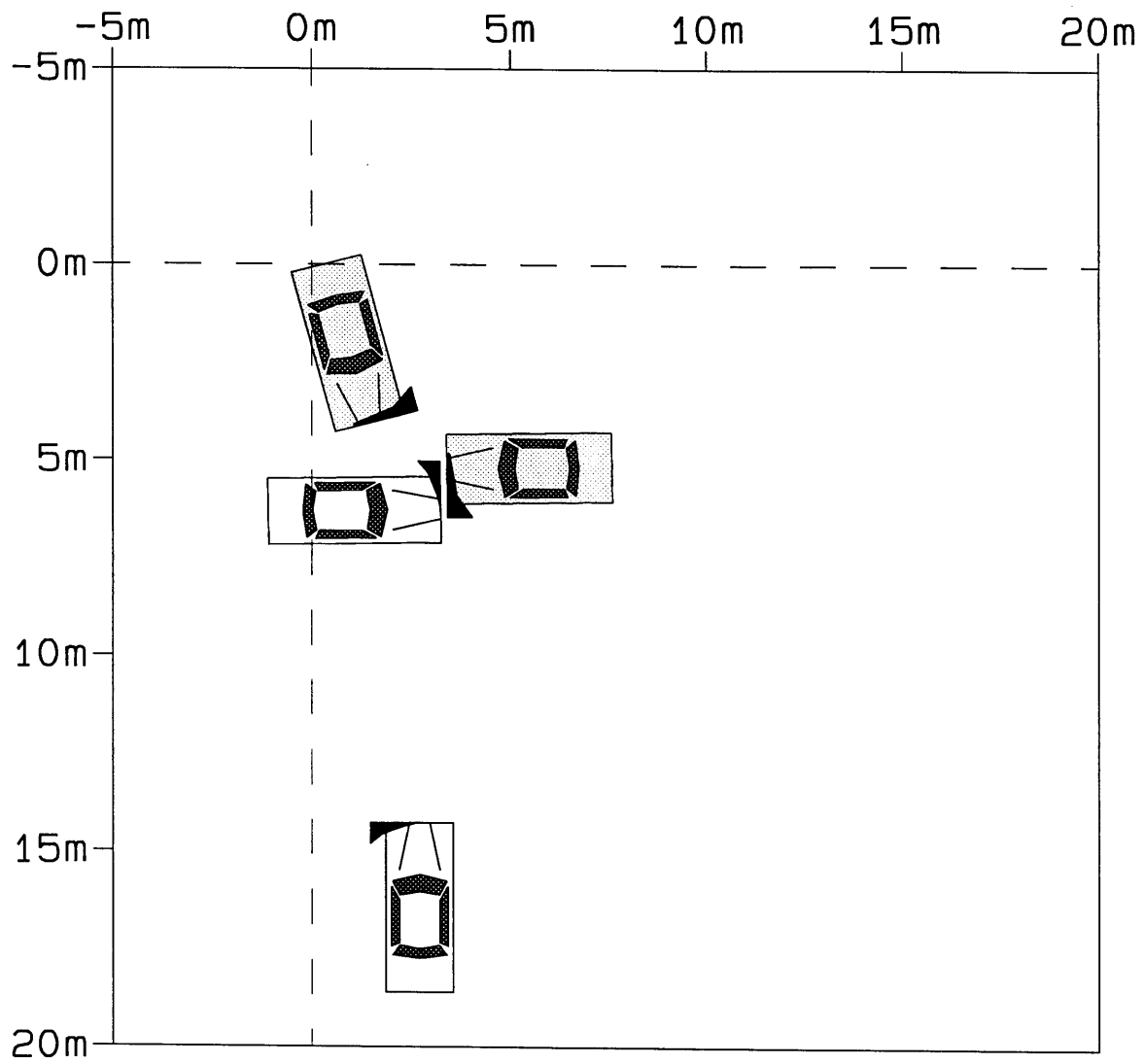
	Vehicle #1 áááááááááááá	Vehicle #2 áááááááááááá
No. of Iterations	0	0
Best Iteration	0	0
Error	0.000	0.000
Predicted Rest Positions		
x	0.0 m (0.0 ft)	0.0 m (0.0 ft)
y	0.0 m (0.0 ft)	0.0 m (0.0 ft)
angle	0.0 ½	0.0 ½
Scene Rest Positions		
x	2.7 m (8.9 ft)	0.9 m (3.0 ft)
y	16.2 m (53.1 ft)	2.0 m (6.6 ft)
angle	270.0 ½	75.0 ½
Residual Velocity		
Linear	0 km/h (0 mph)	0 km/h (0 mph)
Angular	0.00 deg/sec	0.00 deg/sec

1988 Jeep Cherokee



1995 Ford Escort







GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit in kmph

(999) Unknown

____ mph X 1.6093 = ____ kmph

13. Police Reported Alcohol Presence For Driver

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

Source: _____

15. Police Reported Other Drug Presence For Driver

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

16. Other Drug Specimen Test Result For Driver

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not obtained

(8) No driver present

(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

____ mph X 1.6093 = ____ kmph

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

<p>19. Relation To Interchange Or Junction <u>0</u></p> <p>(0) Non-interchange area and non-junction</p> <p>(1) Interchange area related</p> <p><i>Non-Interchange junctions</i></p> <p>(2) Intersection related</p> <p>(3) Driveway, alley access related</p> <p>(4) Other junction (specify) _____</p> <p>(5) Unknown type of junction</p> <p>(9) Unknown</p>	<p>25. Roadway Surface Condition <u>1</u></p> <p>(1) Dry</p> <p>(2) Wet</p> <p>(3) Snow or slush</p> <p>(4) Ice</p> <p>(5) Sand, dirt, or oil</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>20. Trafficway Flow <u>0</u></p> <p>(0) Not physically divided (two way traffic)</p> <p>(1) Divided trafficway-median strip without positive barrier</p> <p>(2) Divided trafficway-median strip with positive barrier</p> <p>(3) One way traffic</p> <p>(9) Unknown</p>	<p>26. Light Conditions <u>1</u></p> <p>(1) Daylight</p> <p>(2) Dark</p> <p>(3) Dark, but lighted</p> <p>(4) Dawn</p> <p>(5) Dusk</p> <p>(9) Unknown</p>
<p>21. Number Of Travel Lanes <u>2</u></p> <p>(1) One</p> <p>(2) Two</p> <p>(3) Three</p> <p>(4) Four</p> <p>(5) Five</p> <p>(6) Six</p> <p>(7) Seven or more</p> <p>(9) Unknown</p>	<p>27. Atmospheric Conditions <u>0</u></p> <p>(0) No adverse atmospheric-related driving conditions</p> <p>(1) Rain</p> <p>(2) Sleet/hail</p> <p>(3) Snow</p> <p>(4) Fog</p> <p>(5) Rain and fog</p> <p>(6) Sleet and fog</p> <p>(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____</p> <p>(9) Unknown</p>
<p>22. Roadway Alignment <u>2</u></p> <p>(1) Straight</p> <p>(2) Curve right</p> <p>(3) Curve left</p> <p>(9) Unknown</p>	<p>28. Traffic Control Device <u>0</u></p> <p>(0) No traffic control(s)</p> <p>(1) Traffic control signal (not RR crossing)</p> <p><i>Regulatory</i></p> <p>(2) Stop sign</p> <p>(3) Yield sign</p> <p>(4) School zone sign</p> <p>(5) Other regulatory sign (specify): _____</p>
<p>23. Roadway Profile <u>1</u></p> <p>(1) Level</p> <p>(2) Uphill grade (> 2%)</p> <p>(3) Hill crest</p> <p>(4) Downhill grade (> 2%)</p> <p>(5) Sag</p> <p>(9) Unknown</p>	<p>(6) Warning sign (not RR crossing)</p> <p>(7) Unknown sign</p> <p>(8) Miscellaneous/other controls including RR controls (specify): _____</p> <p>(9) Unknown</p>
<p>24. Roadway Surface Type <u>2</u></p> <p>(1) Concrete</p> <p>(2) Bituminous (asphalt)</p> <p>(3) Brick or block</p> <p>(4) Slag, gravel, or stone</p> <p>(5) Dirt</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>	<p>29. Traffic Control Device Functioning <u>0</u></p> <p>(0) No traffic control device</p> <p>(1) Traffic control device not functioning (specify): _____</p> <p>(2) Traffic control device functioning properly</p> <p>(9) Unknown</p>

PRECRAASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 03
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): RF baby / dog
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 14
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown
32. Critical Precrash Event 10
THIS VEHICLE LOSS OF CONTROL DUE TO:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver 07

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 2

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

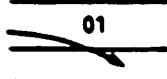




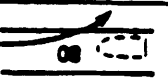


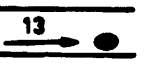
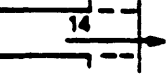
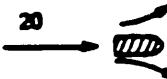
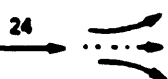
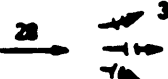


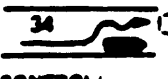
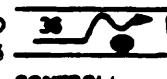
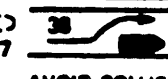
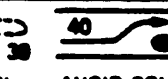
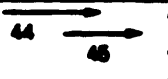

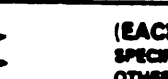

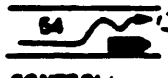
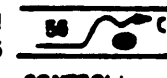





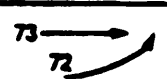
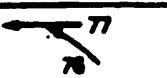

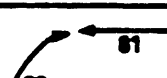

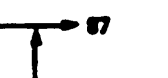

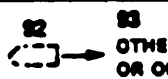
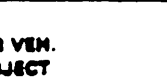
36. Accident Type 50

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	41 SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS OTHER	 47 SPECIFICS UNKNOWN	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	61 SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 SPECIFICS OTHER	 83 SPECIFICS UNKNOWN	(EACH - 84) SPECIFICS OTHER (EACH - 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 SPECIFICS OTHER	 89 SPECIFICS UNKNOWN	(EACH - 90) SPECIFICS OTHER	(EACH - 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1,050
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

44. Vehicle Cargo Weight 0
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

ROLLOVER DATA

45. Rollover 02
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 02
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 02
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (996) Non-horizontal impact
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 000
54. Heading Angle For Other Vehicle 180

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 1
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 02
- (00) No vehicle inspection
- Delta V Calculated*
 (01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm
- Delta V Not Calculated*
 (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*
- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

0 3 5

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ - 0 3 5

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

61. Lateral Component of Delta V

Highest

+ - 0 0 8

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

62. Energy Absorption

Highest

3 8 9 0 0

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

0 4 0

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

0 2 4

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V

66. Estimated Highest Delta V (Researcher Determined)

0

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) ≥ 10 kmph but < 25 kmph
- (3) ≥ 25 kmph but < 40 kmph
- (4) ≥ 40 kmph but < 55 kmph
- (5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

INSPECTION TYPE

67. Type of Vehicle Inspection

3

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify): _____
- (3) Complete inspection

DELTA V EVENT NUMBER

68. Delta V Event Number

1

- _____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle
- (99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	

VEHICLE IDENTIFICATION

VIN 1 F A S P 1 0 J 4 S W () Model Year 9 5
 Vehicle Make (specify): Ford Vehicle Model (specify): Escort
 Manufacture Date 1994

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	Begins 35.6 cm (14.0") (2 of 4	Entire Frontal Plane	C ₁

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

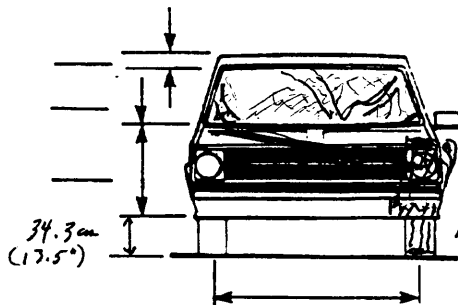
Use as many lines/columns as necessary to describe each damage profile.

[illegible]

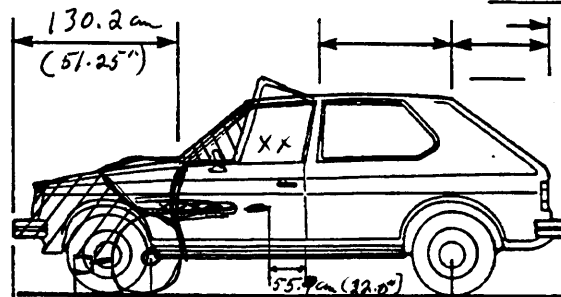
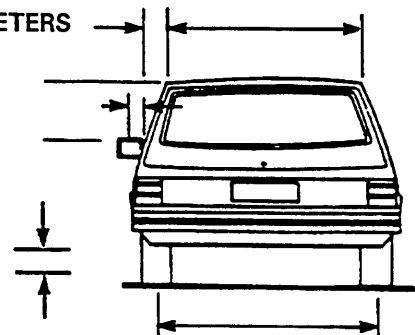
VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>(98.4") 250.0</u> cm Overall Length <u>(170.0") 431.8</u> cm Maximum Width <u>(66.7") 169.4</u> cm Curb Weight <u>(2,316 lb) 1050.5</u> kg Average Track <u>(36.5") 143.5</u> cm Front Overhang <u>(33.4") 84.7</u> cm Rear Overhang <u>(38.25") 97.2</u> cm Undeformed End Width <u>(58.0") 142.2</u> cm Engine Size: cyl./displ. <u>1.9</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \oplus <u>0.5</u> ° LF \oplus <u>1.0</u> ° RR \pm <u>1</u> ° LR \pm <u>1</u> ° Within \pm 5 degrees
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT \geq 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight <u>German Shepherd dog 43.1 kg (95.0)</u>		

MEASUREMENTS IN CENTIMETERS

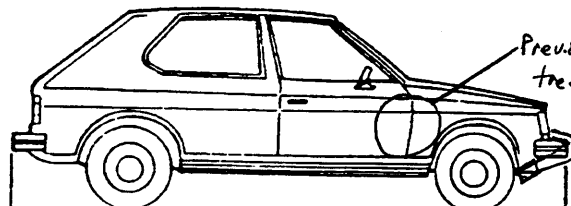
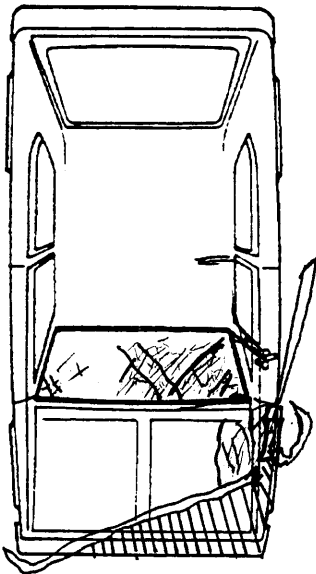


Damaged
Bumper height



POST-CRASH

Bumper corner 53.3 cm (21.0") 222.3 cm (87.5") 88.9 cm (35.0") Bumper corner
 Stringline 114.3 cm (45.0") 95.3 cm (37.5")



Previous damage due to
tree impact, repaired

POST-CRASH

Bumper corner 90.8 cm (35.75") 249.6 cm (98.25") 90.4 cm (35.6") Bumper corner
 Stringline 97.2 cm (38.25") 85.1 cm (33.5")

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.
 Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>L</u>	9. <u>E</u>	10. <u>E</u>	11. <u>08</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
							+
							-

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
							+
							-

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 142
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
(For highest severity impact) 036
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase
 _____ Code to the nearest centimeter 250
 (650) 650 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

29. Original Average Track Width
 _____ Code to the nearest centimeter 144
 (185) 185 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? 0
 (0) No
 (1) Yes

31. Researcher's Assessment of Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

(Include photograph of CERTIFICATION PLACARD in case report)

(9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence 0
 (0) No fire

 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown

34. Origin of Fire 0
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

35. Location of Fuel Tank-1 Filler Cap 2

36. Location of Fuel Tank-2 Filler Cap 0

(0) No fuel tank

(1) On back plane

(2) Aft of center of the rear wheels (rear axle) on left side plane

(3) Aft of center of the rear wheels (rear axle) on right side plane

(4) Forward of center of the rear wheels (rear axle) on left side plane

(5) Forward of center of the rear wheels (rear axle) on right side plane

(6) Over the center of the rear wheels (rear axle) on left side plane

(7) Over the center of the rear wheels (rear axle) on right side plane

(8) Other (specify): _____

(9) Unknown

37. Type of Fuel Tank-1 1

38. Type of Fuel Tank-2 0

(0) No fuel tank (electrical vehicle)

(1) Metallic

(2) Non-metallic

(9) Unknown

39. Location of Fuel Tank-1 4

40. Location of Fuel Tank-2 0

(0) No fuel tank

(1) Aft of center of the rear wheels (rear axle) centered

(2) Aft of center of the rear wheels (rear axle) left side

(3) Aft of center of the rear wheels (rear axle) right side

(4) Forward of center of the rear wheels (rear axle) centered

(5) Forward of center of the rear wheels (rear axle) left side

(6) Forward of center of the rear wheels (rear axle) right side

(7) Over center of the rear wheels (rear axle)

(8) Other (specify): _____

(9) Unknown

41. Damage to Fuel Tank-1 1

42. Damage to Fuel Tank-2 0

(0) No fuel tank

(1) No damage to fuel tank

(2) Deformed, no seam failure

(3) Deformed, with a seam failure

(4) Punctured

(5) Lacerated (ripped)

(6) Abraded (scraped)

(7) Filler neck separation from the fuel tank

(8) Other damage (specify): _____

(9) Unknown

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

45. Fuel Type-1

0 1

46. Fuel Type-2

00*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum 9 6 - 2 1

3. Vehicle Number 0 1

INTEGRITY

4. Passenger Compartment Integrity 0 6

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 0 8. RR 0 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut - *forced open by rescue*

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 0

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 0

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 6 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 0

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 9 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 0

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant

contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

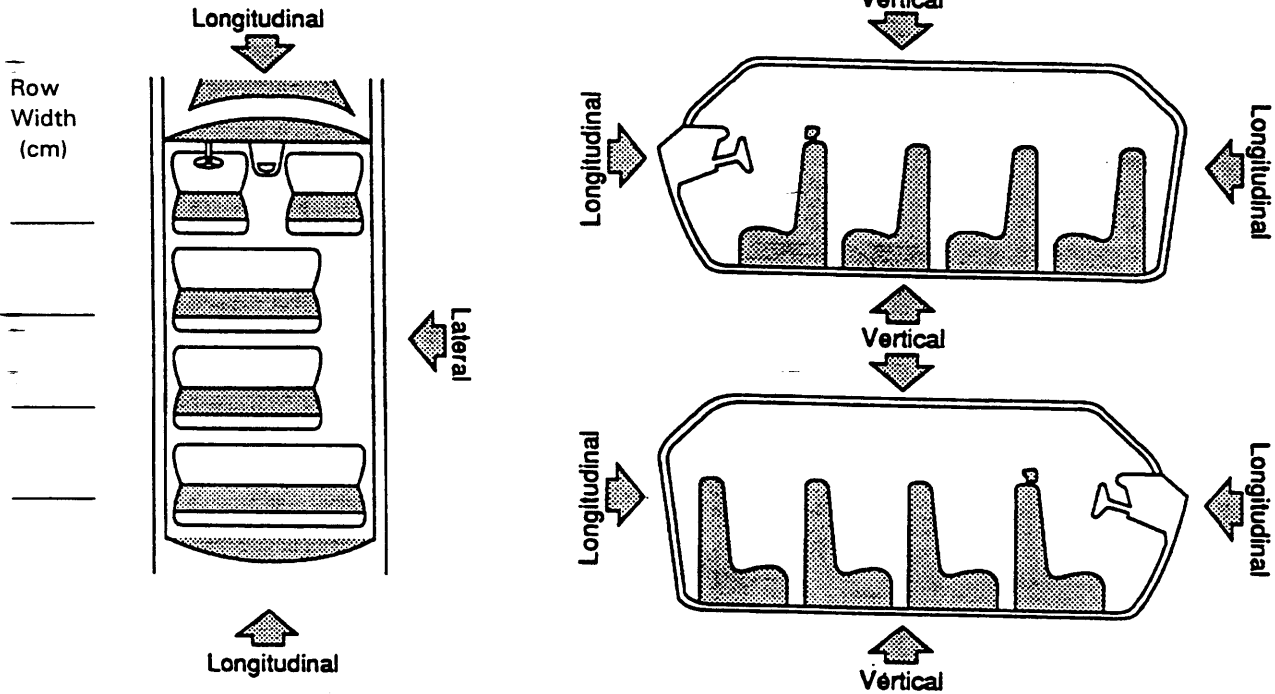
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
11	Floor Pan	120.7cm (47.5")	-	114.3cm (45.0") = 6.4cm (2.5")	Long.
11	Toe Pan	129.5cm (51.0")	-	114.3cm (45.0") = 15.2cm (6.0")	Long.
11	Instrument	90.2cm (35.5")	-	61.0cm (24.0") = 29.2cm (11.5")	Long.
11	Base of Upper A-pillar	108.0cm (42.5")	-	74.9cm (29.5") = 33.0cm (13.0")	Long.
11	Seat back Support	15.2cm (6.0")	-	38.1cm (15.0") = 22.9cm (9.0")	Long.
13	Seat back Support	21.6cm (8.5")	-	33.0 (13.0") = 11.4cm (4.5")	Long.
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	
		-	-	=	

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>11</u>	48. <u>06</u>	49. <u>4</u>	50. <u>2</u>
2nd	51. <u>11</u>	52. <u>02</u>	53. <u>3</u>	54. <u>2</u>
3rd	55. <u>11</u>	56. <u>20</u>	57. <u>3</u>	58. <u>2</u>
4th	59. <u>11</u>	60. <u>05</u>	61. <u>3</u>	62. <u>2</u>
5th	63. <u>13</u>	64. <u>20</u>	65. <u>2</u>	66. <u>2</u>
6th	67. <u>11</u>	68. <u>18</u>	69. <u>1</u>	70. <u>2</u>
7th	71. <u>11</u>	72. <u>11</u>	73. <u>9</u>	74. <u>3</u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>
9th	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>
10th	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>

LOCATION OF INTRUSION

Front Seat
(11) Left
(12) Middle
(13) Right

Second Seat
(21) Left
(22) Middle
(23) Right

Third Seat
(31) Left
(32) Middle
(33) Right

Fourth Seat
(41) Left
(42) Middle
(43) Right

(97) Catastrophic
(98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify):

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type

1

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

0

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

00

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

00

(00) No steering rim deformation

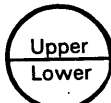
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading

87,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

_____ miles X 1.6093 = _____ kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact?

1

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

2

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

2

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

1

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment

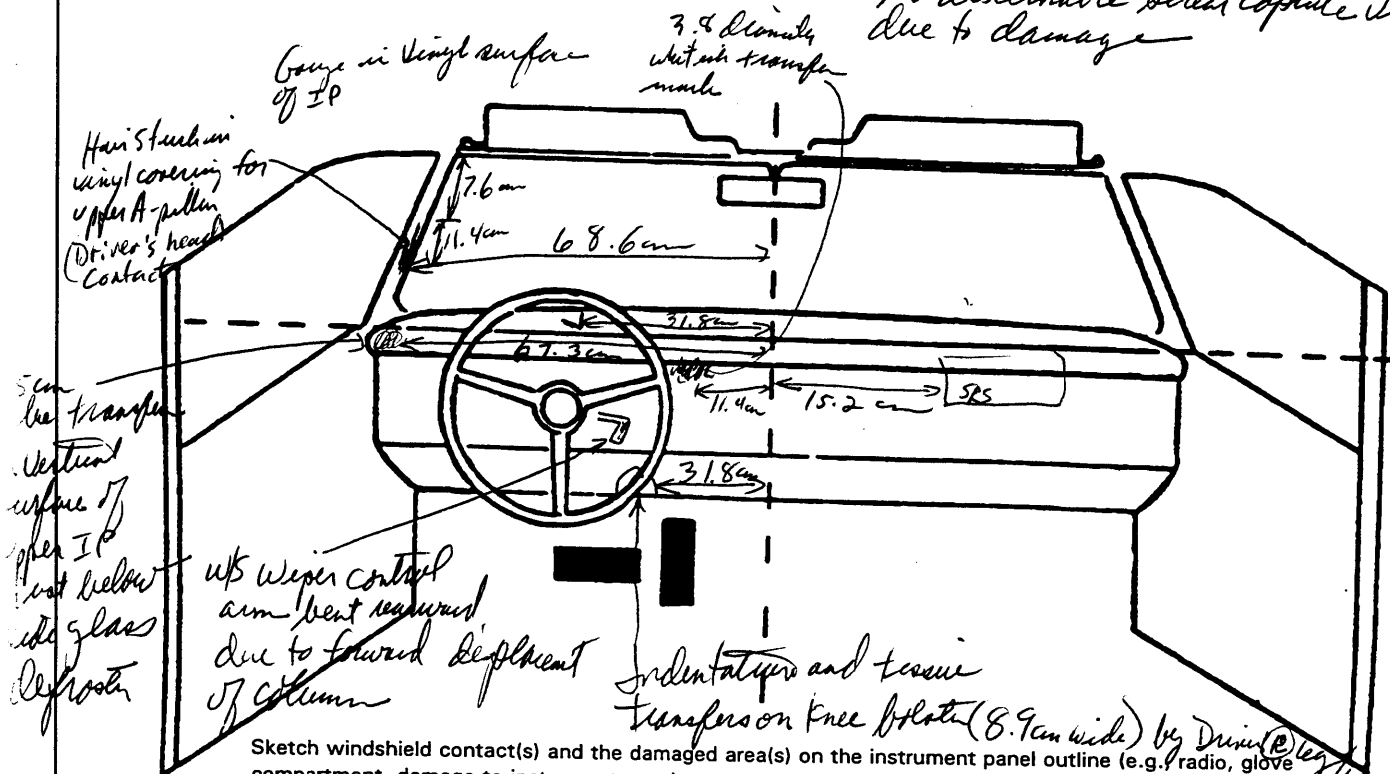
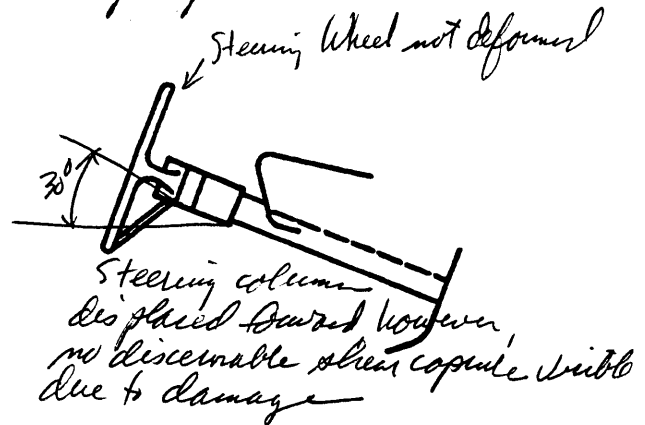
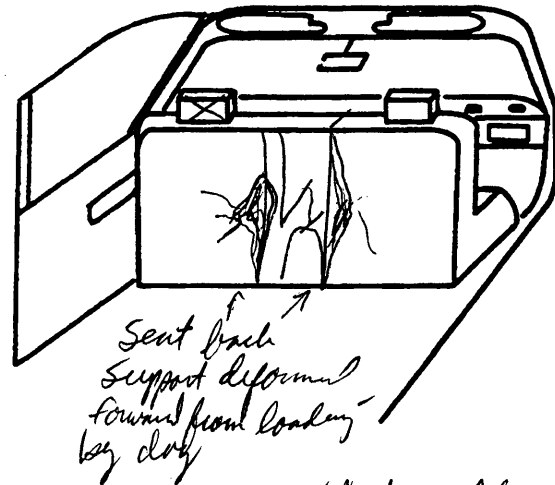
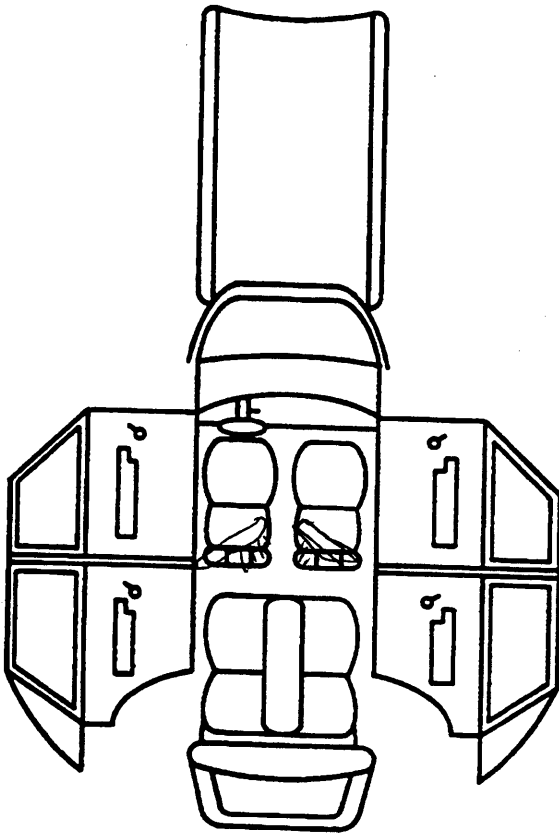
e

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed
 (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g. radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	3		3
	B-Evidence of usage	03		13
	C-Used in this crash?	03		13
	D-Proper Use	1		1
	E-Failure Modes	1		1
	F-Anchorage Adjustment	0		0
SECOND	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	0
	Deployment	/	/	0
	Failure	/	/	0

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
(9) Unknown

**Air Bag System Deployment
(This Occupant Position)**

- (0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	2	2
	B-Use	2	2
	C-Type	1	2
	D-Proper Use	1	0
	E-Failure Modes	1	0

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

B-Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

C-Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	3	3
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	2
D-Air bag damaged?	0 1	0 1
E-Source of air bag damage	0 1	0 1
F-Air bag tethered?	2 (4)	1
G-Air bag have vent ports?	2 (2)	2 (2)
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	3	1

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
Contact abrasion from
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

*Child Safety seat
(See Case Report)*

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

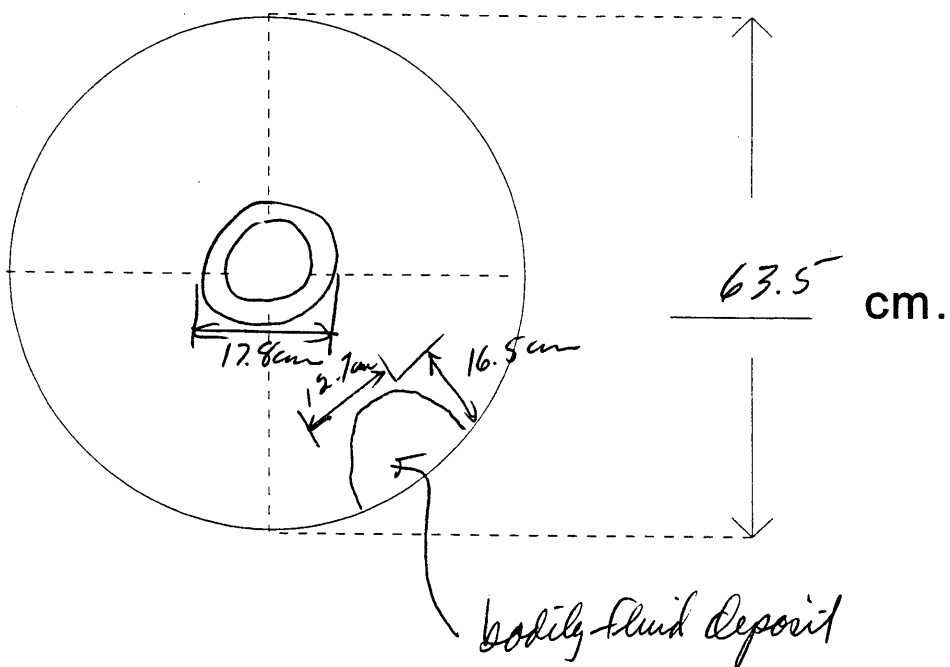
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

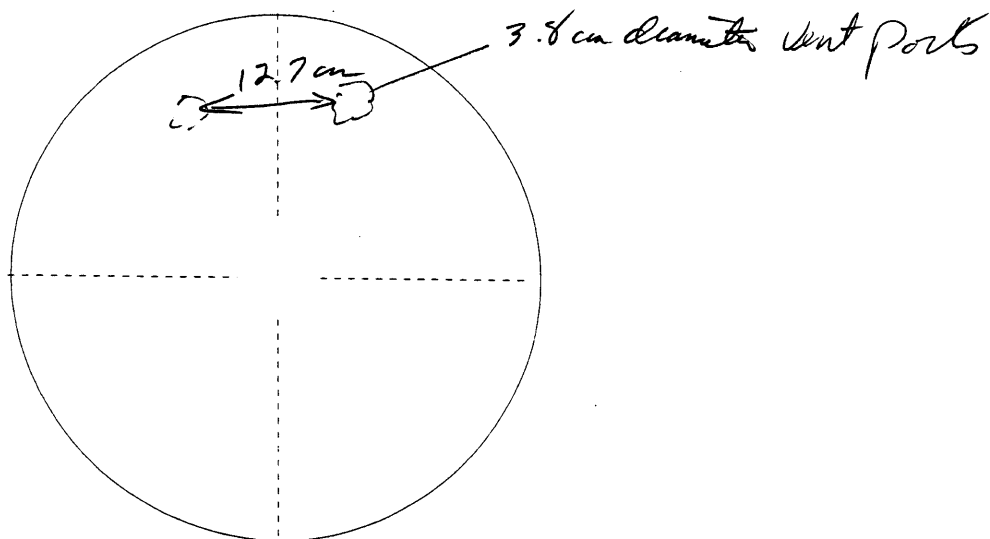
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



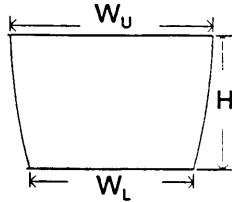
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____
 height (H) _____



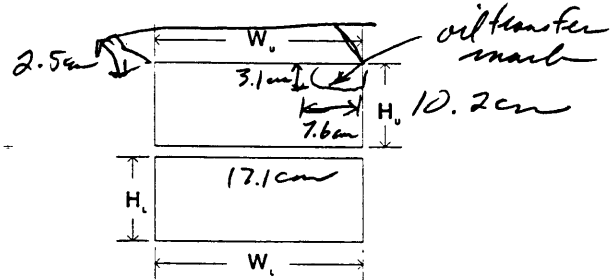
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) _____ width (W_L) _____

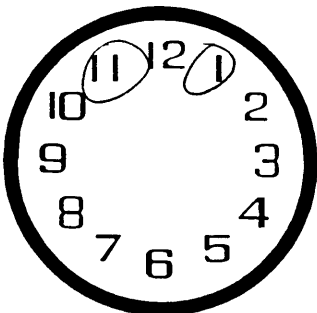
height (H_U) _____ height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

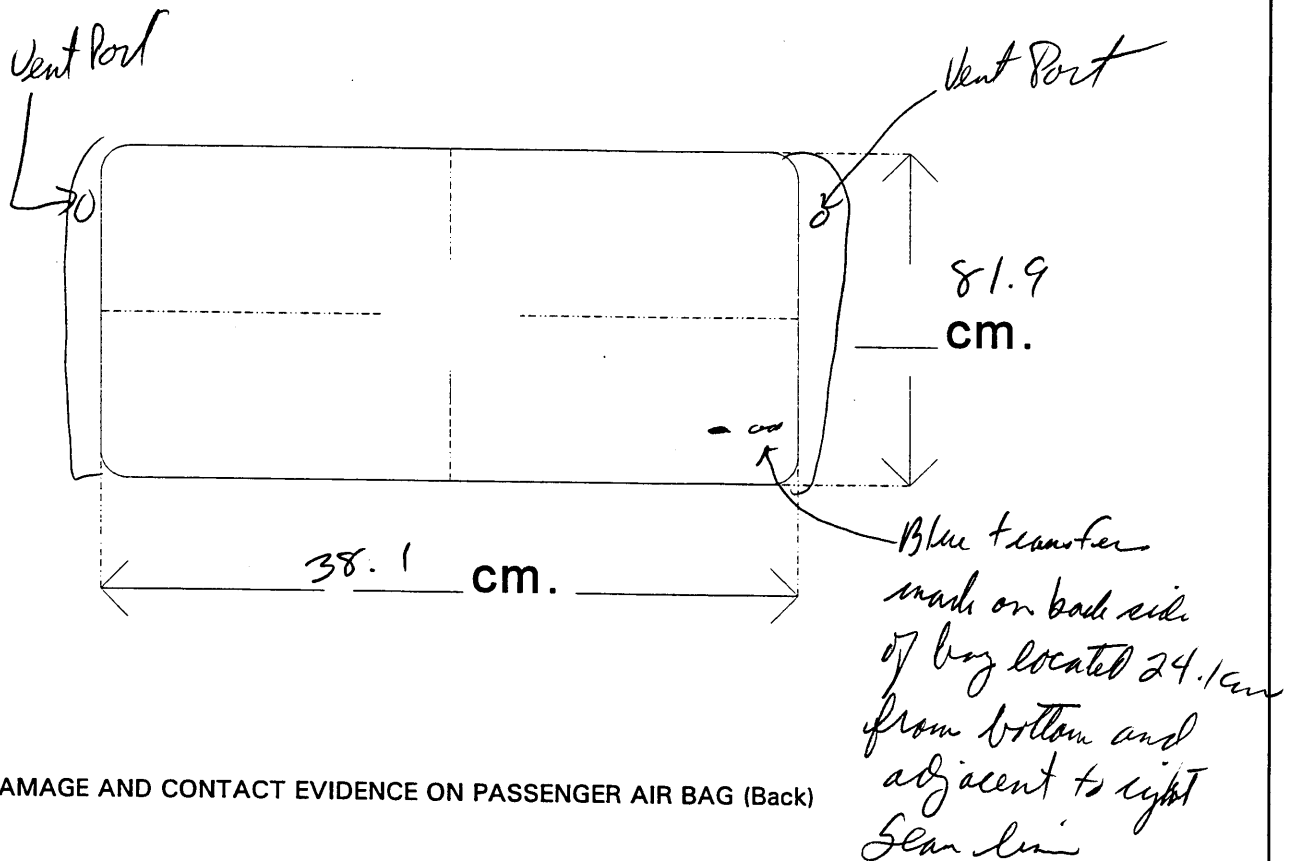
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

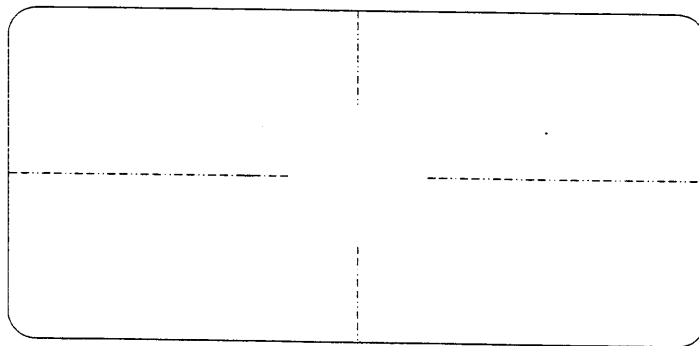


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



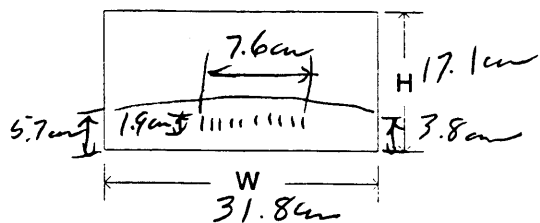
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____

flap thickness = 4.8 mm



Abrasion marks consistent w/ abrasion on seat handle & seat back support of infant safety seat

4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

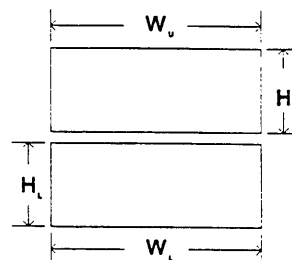
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

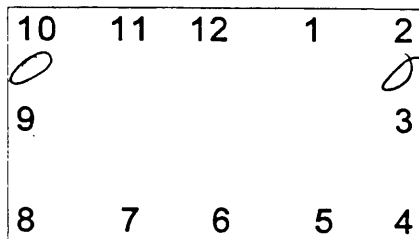
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	8 - Restraint off seat	/	3
	B-Seat Type	0 2		0 2
	C-Seat Orientation	1		1
	D-Seat Track Position	9		6
	E-Seat Back Incline Pre/Post Impact	24		24
	F-Seat Performance	8 - Deformed by drag		8 deformed by drag
SECOND	A-Head Restraint Type/Damage	0		0
	B-Seat Type	0 3	0 3	0 3
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	0 1	0 1	0 1
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

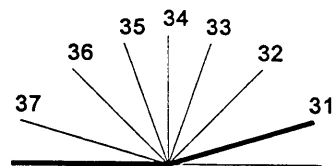
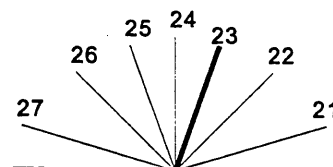
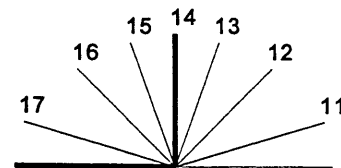
Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	02					
1. Type of Child Safety Seat	1					
2. Child Safety Seat Orientation	01					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	03					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model	121	Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat *Century Infant Car Seat*

(0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
 Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether
 (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
 (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
 (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
 (Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)



OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum 96 2 1

3. Vehicle Number 0 1

4. Occupant Number 0 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 34

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older _____

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 165

Code actual height to the nearest
centimeter.

(999) Unknown

____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 064

Code actual weight to the nearest
kilogram.

(999) Unknown

____ pounds X .4536 = _____ kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 1 1

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 1

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment +

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

- (This Occupant Position)
 (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0

Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System 1

Failure?

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 3

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 3

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 2

- (0) Not equipped/not available
(1) No prior maintenance

(2) Yes, prior maintenance (specify):

Replaced Sgs due to previous crash

(9) Unknown

*Crash Sensor was replaced due to defect following previous crash*38. Air Bag Deployment Accident Event Sequence Number 0 1

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available

- (1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact

- (_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (_996) Deployment, unknown longitudinal Delta V

- (_997) Not deployed

- (_998) Unknown if deployed

- (_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available

- (1) No

- (2) Yes

- (3) Deployed, unknown if flap(s) opened at designated tear points

- (7) Not deployed

- (8) Unknown if deployed

- (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify):

- (3) Deployed, unknown if air bag module cover flap(s) damaged

- (7) Not deployed

- (8) Unknown if deployed

- (9) Unknown

43. Was There Damage To The Air Bag? 0 1

- (00) Not equipped/not available

- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured

- (03) Cut

- (04) Torn

- (05) Holed

- (06) Burned

- (07) Abraded

- (88) Other damage (specify):

- (95) Damaged, details unknown

- (96) Deployed, unknown if damaged

- (97) Not deployed

- (98) Unknown if deployed

- (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*
HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 3
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

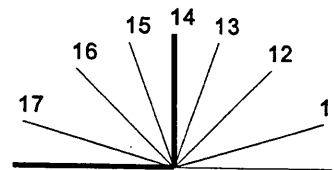
49. Head Restraint Type/Damage by Occupant at This Occupant Position 8
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
separated during crash
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 9
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track**
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

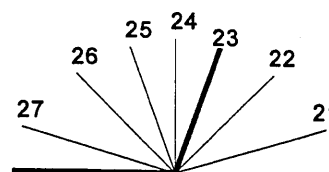
53. Seat Back Incline Prior and Post Impact 24
 (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

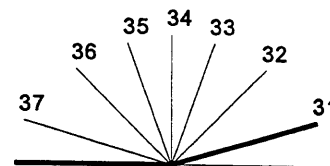
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 8

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): Deformed by animal

(9) Unknown in rear seat

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat - with shield
(5) Booster seat - without shield
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3E

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 28

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 61

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 - (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown
- fatal Work*

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death**68. 2nd Medically Reported Cause of Death****69. 3rd Medically Reported Cause of Death**

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score (at Medical Facility)**

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?

- (1) No - blood not given
(2) Yes - blood given

(specify units):

- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 2	6. 2	7. 5	8. 12	9. 02	10. 2	11. 2	12. 053	13. 1	14. 1	15. 01
2nd	16. 2	17. 1	18. 9	19. 06	20. 00	21. 1	22. 2	23. 053	24. 1	25. 1	26. 01
3rd	27. 2	28. 2	29. 9	30. 06	31. 00	32. 1	33. 7	34. 053	35. 1	36. 1	37. 01
4th	38. 2	39. 2	40. 9	41. 74	42. 02	43. 1	44. 1	45. 053	46. 1	47. 1	48. 01
5th	49. 2	50. 2	51. 9	52. 74	53. 02	54. 1	55. 2	56. 053	57. 1	58. 1	59. 01
6th	60. 2	61. 5	62. 9	63. 02	64. 02	65. 1	66. 2	67. 152	68. 1	69. 1	70. 00
7th	71. 2	72. 1	73. 4	74. 06	75. 84	76. 3	77. 9	78. 053	79. 1	80. 1	81. 01
8th	82. 2	83. 7	84. 9	85. 04	86. 02	87. 1	88. 1	89. 014	90. 1	91. 1	92. 00
9th	93. 2	94. 7	95. 9	96. 04	97. 02	98. 1	99. 2	100. 007	101. 1	102. 1	103. 00
10th	104. 2	105. 1	106. 5	107. 04	108. 06	109. 4	110. 2	111. 053	112. 1	113. 1	114. 01

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity	The exceptions to this rule apply to:		(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

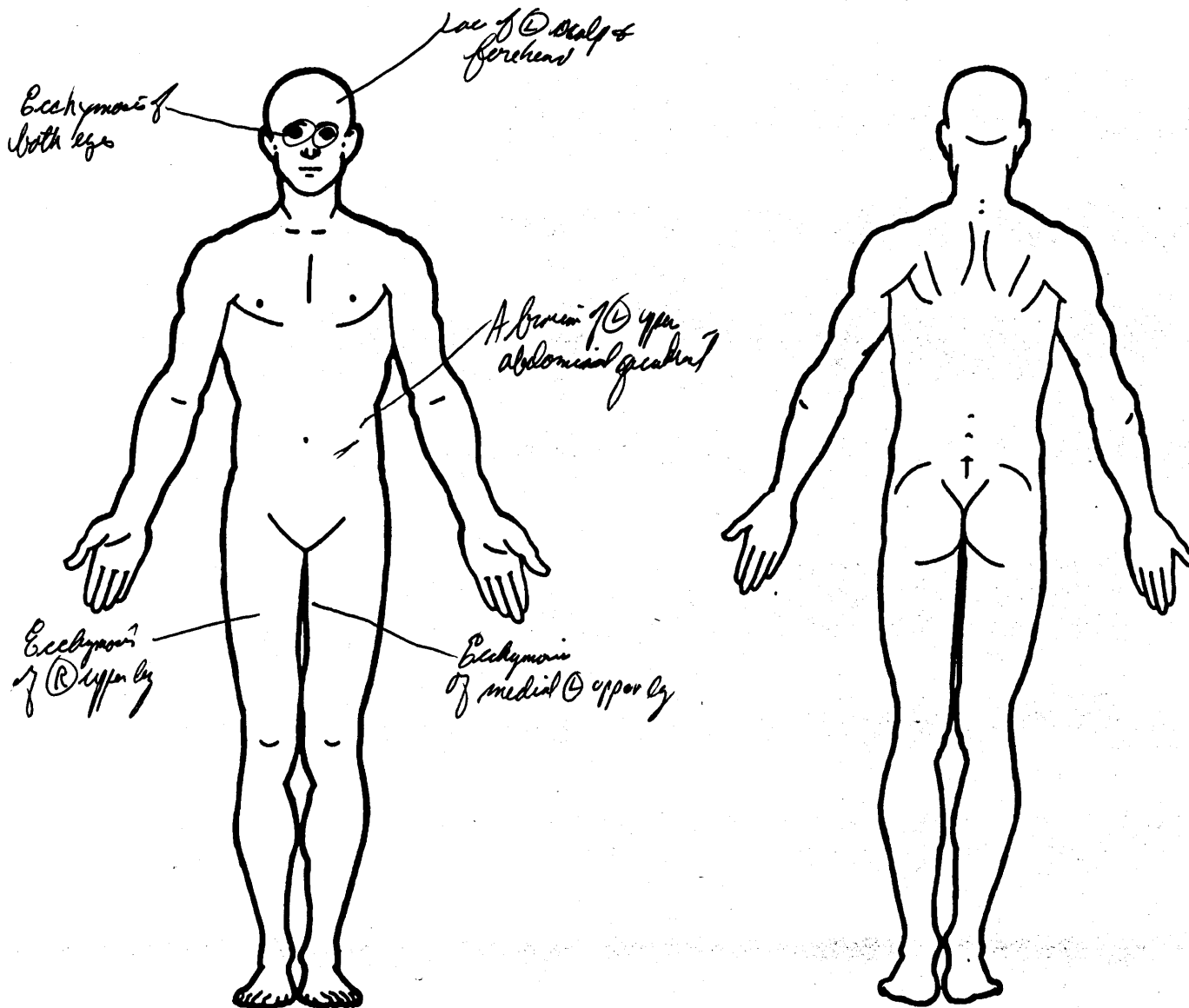
Arterial Blood Gases

pH = ___

PO₂ = ___

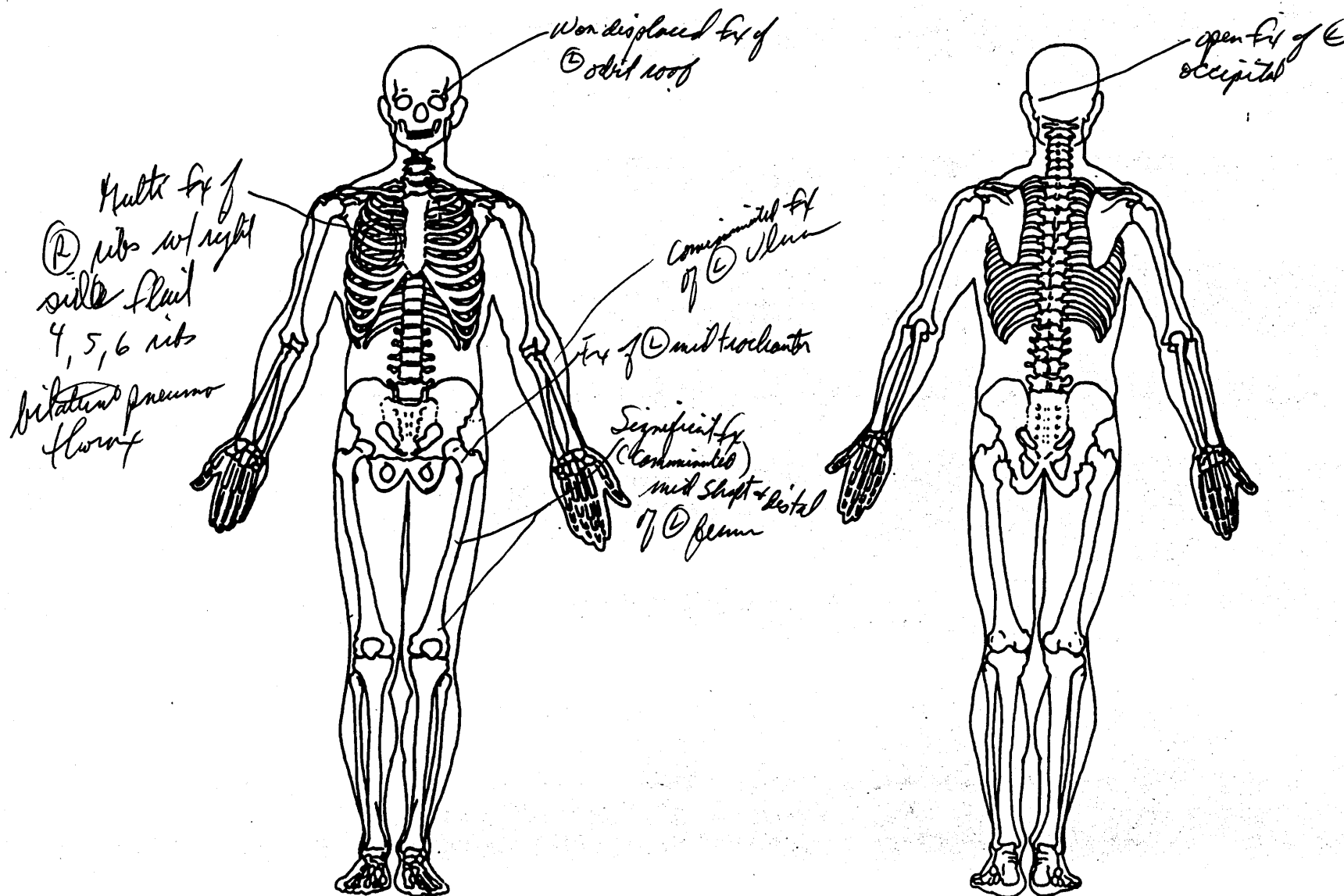
PCO₂ = ___

HCO₃ = ___



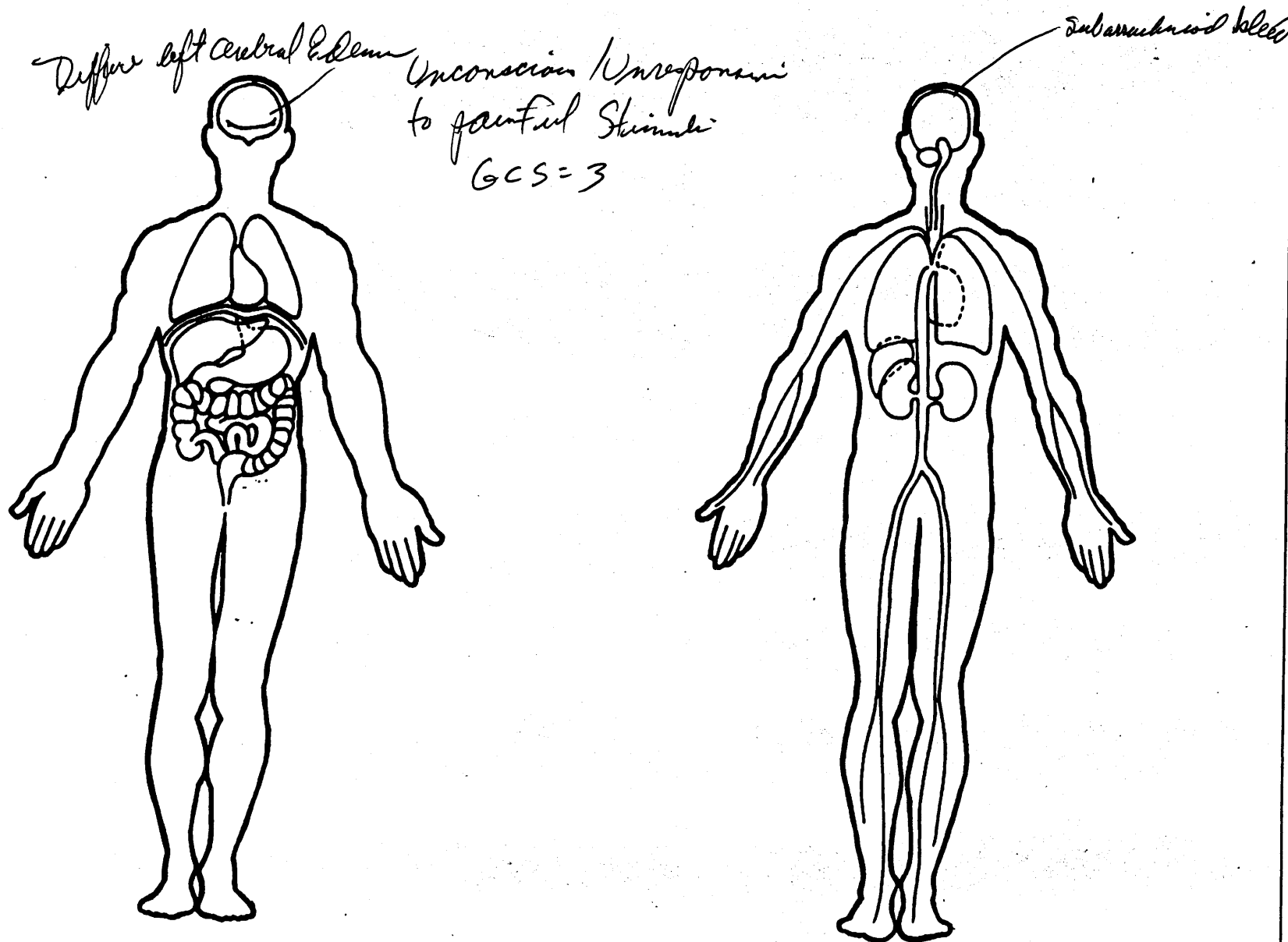
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Child Safety Seat
Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 2

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 13

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 2

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 2

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 6

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment 1
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0
 Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0
 Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System —
 Failure?

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 3

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 3

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 2

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

*One sensor replaced following
the previous crash*

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +0027

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 2

- (0) Not equipped/not available
(1) No
(2) Yes (specify): *Abuse*
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

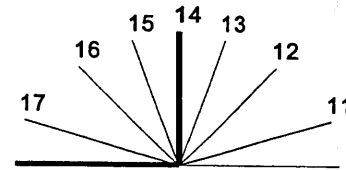
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

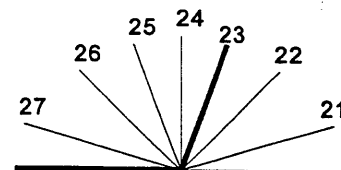
53. Seat Back Incline Prior and Post Impact 24
 (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

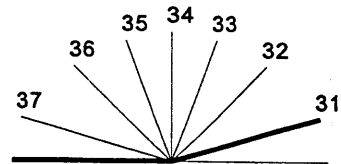
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown



54. Seat Performance (this Occupant Position) 8
 (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): Deformed by airbag
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage

59. Child Safety Seat Shield Usage

60. Child Safety Seat Tether Usage

Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

61. Injury Severity (Police Rating)

3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality

3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)

1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay

09

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost

97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 11

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 02

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 2	6. 1	7. 4	8. 06	9. 84	10. 3	11. 1	12. 185 180	13. 1	14. 1	15. 00
2nd	16. 2	17. 1	18. 4	19. 06	20. 29	21. 4	22. 2	23. 185 180	24. 1	25. 1	26. 00
3rd	27. 2	28. 1	29. 4	30. 06	31. 29	32. 4	33. 2	34. 185 180	35. 1	36. 1	37. 00
4th	38. 2	39. 1	40. 4	41. 06	42. 02	43. 3	44. 1	45. 185 180	46. 1	47. 1	48. 00
5th	49. 2	50. 1	51. 5	52. 04	53. 04	54. 3	55. 2	56. 185 180	57. 1	58. 1	59. 00
6th	60. 2	61. 1	62. 4	63. 06	64. 02	65. 3	66. 2	67. 185 180	68. 1	69. 1	70. 00
7th	71. 2	72. 1	73. 5	74. 04	75. 04	76. 3	77. 1	78. 185 180	79. 1	80. 1	81. 00
8th	82. 2	83. 1	84. 4	85. 06	86. 60	87. 3	88. 9	89. 185 180	90. 1	91. 1	92. 00
9th	93. 2	94. 1	95. 4	96. 06	97. 50	98. 4	99. 1	100. 185 180	101. 1	102. 1	103. 00
10th	104. 2	105. 1	106. 4	107. 06	108. 78	109. 4	110. 1	111. 185 180	112. 1	113. 1	114. 00

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	(4) Severe Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(5) Critical Injury	(6) Maximum (untreatable)
(5) Skeletal (includes joints)	(10) Amputation	(7) Injured, unknown severity	
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA

INJURY SOURCE

DIRECT/INDIRECT INJURY

CONFIDENCE LEVEL

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police _____

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

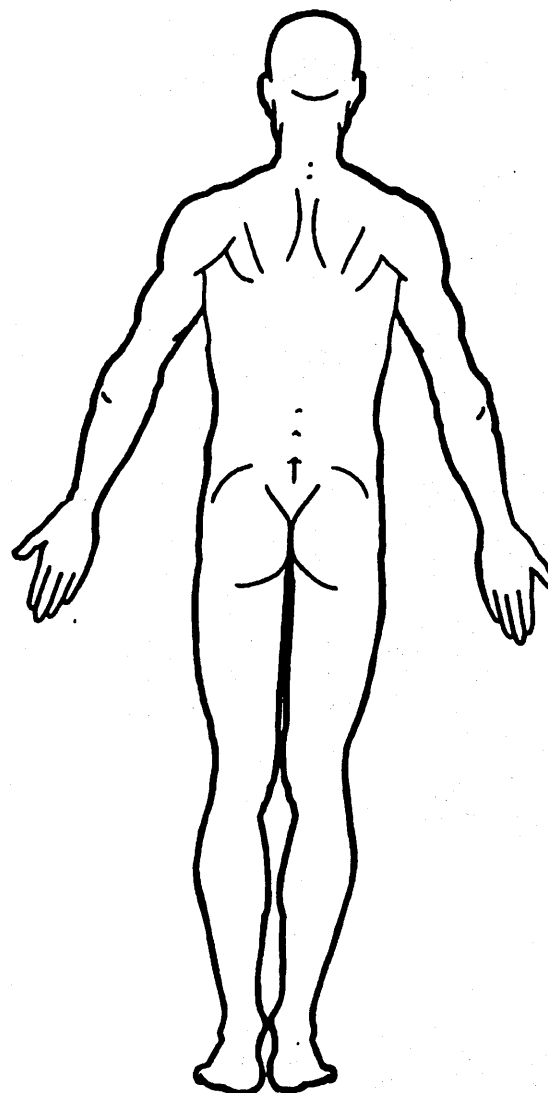
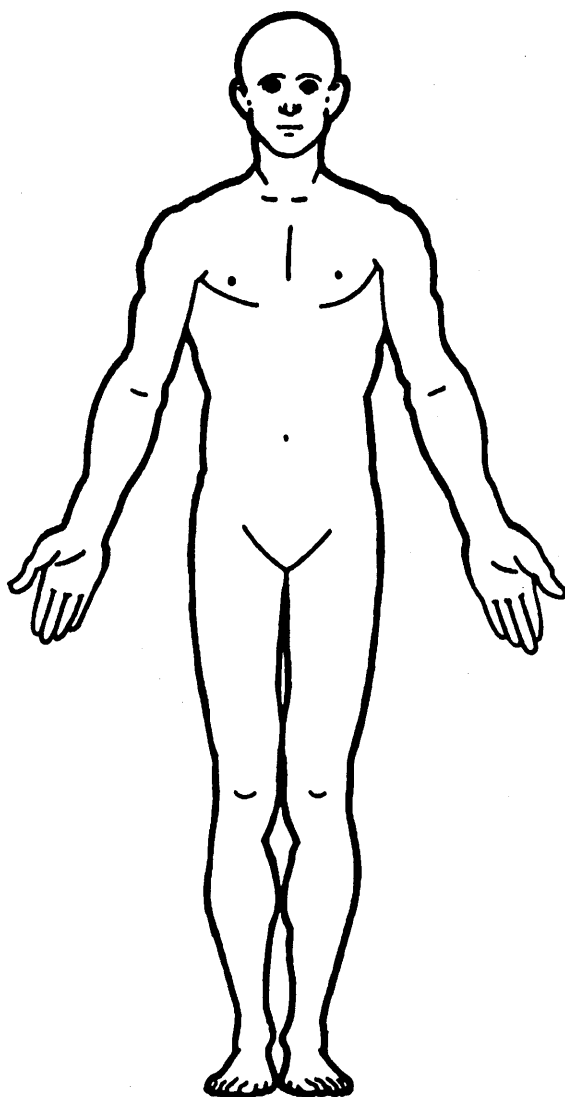
Arterial Blood Gases

pH =

PO₂ =

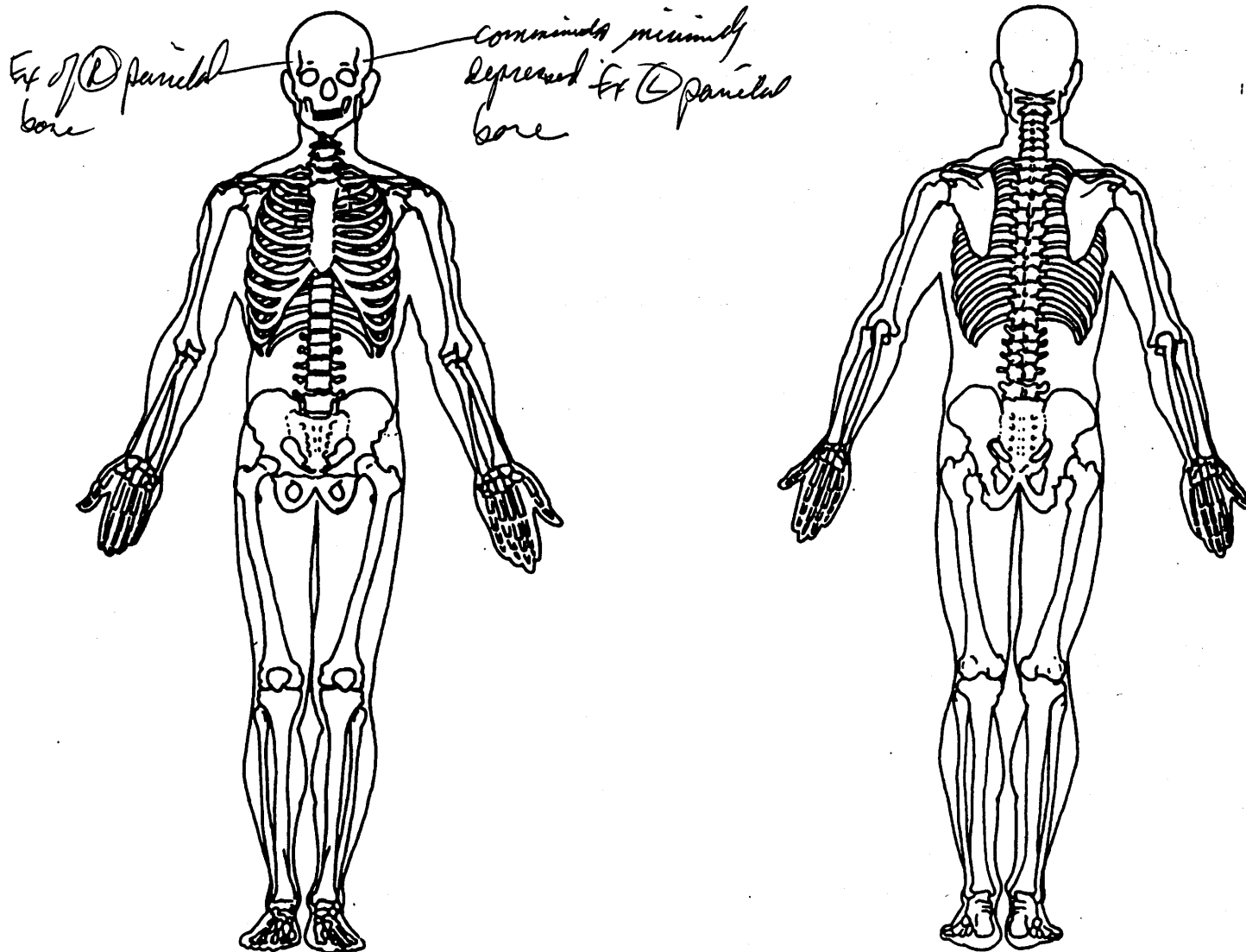
PCO₂

HCO₃



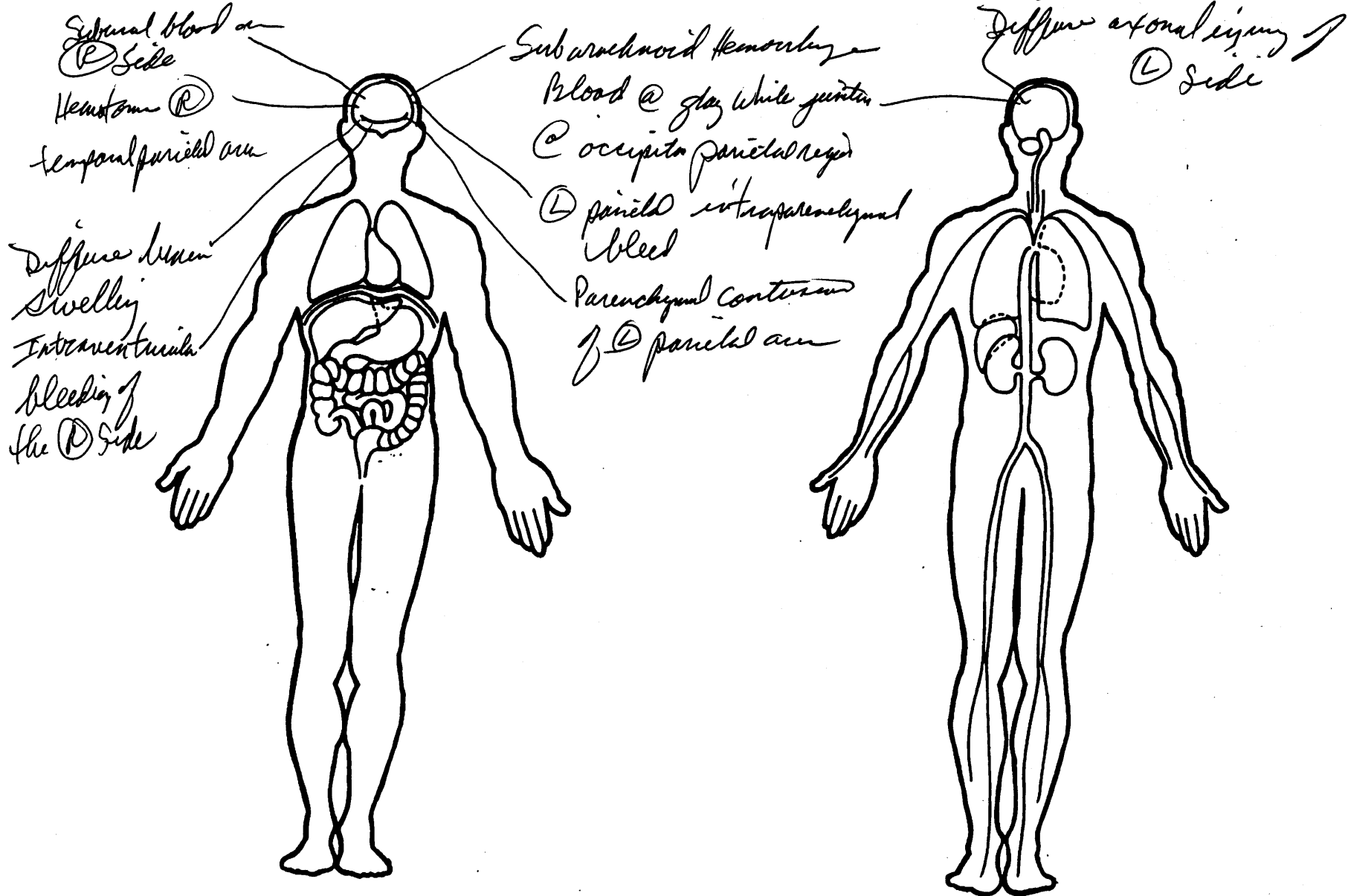
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum 96-21

3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 88
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): 02
Jeep

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 404
Cherokee Laredo

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 14
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1JCHR7842JT [REDACTED]

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

_____ mph X 1.6093 = _____ kmph

12. Speed Limit 072
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

_____ mph X 1.6093 = _____ kmph

13. Police Reported Alcohol Presence For Driver 7
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

15. Police Reported Other Drug Presence For Driver 7
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify): _____
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code [REDACTED]
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 1
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify): _____
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA19. Relation To Interchange Or Junction 0

- (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) _____
 Unknown type of junction

(9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 3

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) _____
 Warning sign (not RR crossing)

- (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) _____
 Traffic control device functioning properly
 (9) Unknown

PRECRAASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 14
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown
32. Critical Precrash Event 67
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver 03

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 51

(Note: Applicable codes on back of this page)

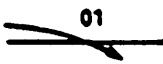


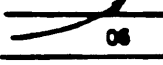


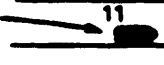

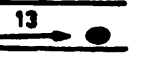
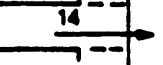
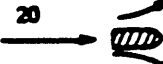

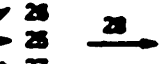
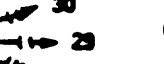




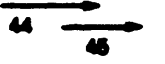

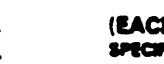





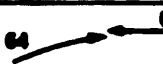








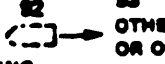
(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 28, 29, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 80 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86	 88	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc.	 92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1,360
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

44. Vehicle Cargo Weight 0020
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object _____

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object _____

- (98) Other event (specify): _____

- (99) Unknown event or object _____

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

Override (see specific CDC)

[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
(997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle 180
54. Heading Angle For Other Vehicle 000

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown
56. Documentation of Trajectory Data for This Vehicle 1
- (0) No
(1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 02

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest
0 2 7

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V Highest
+ 0 2 7

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

61. Lateral Component of Delta V Highest
+ 0 0 0

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

62. Energy Absorption Highest
9 9, 9 0 0

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest
0 4 6

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V) 1
- (0) No reconstruction
 - (1) Collision fits model — results appear reasonable
 - (2) Collision fits model — results appear high
 - (3) Collision fits model — results appear low
 - (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest

0 3 7

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>0</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>3</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p>
	<p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>4</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Administration		CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	<u> </u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>96-21</u>		

VEHICLE IDENTIFICATION

VIN 1JCMR7842JT [REDACTED] Model Year 88
Vehicle Make (specify): Jeep Vehicle Model (specify): Cherokee Laredo

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	Beg 6.4m (0.25') R of \angle	Entire Frontal Plane	C ₁

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

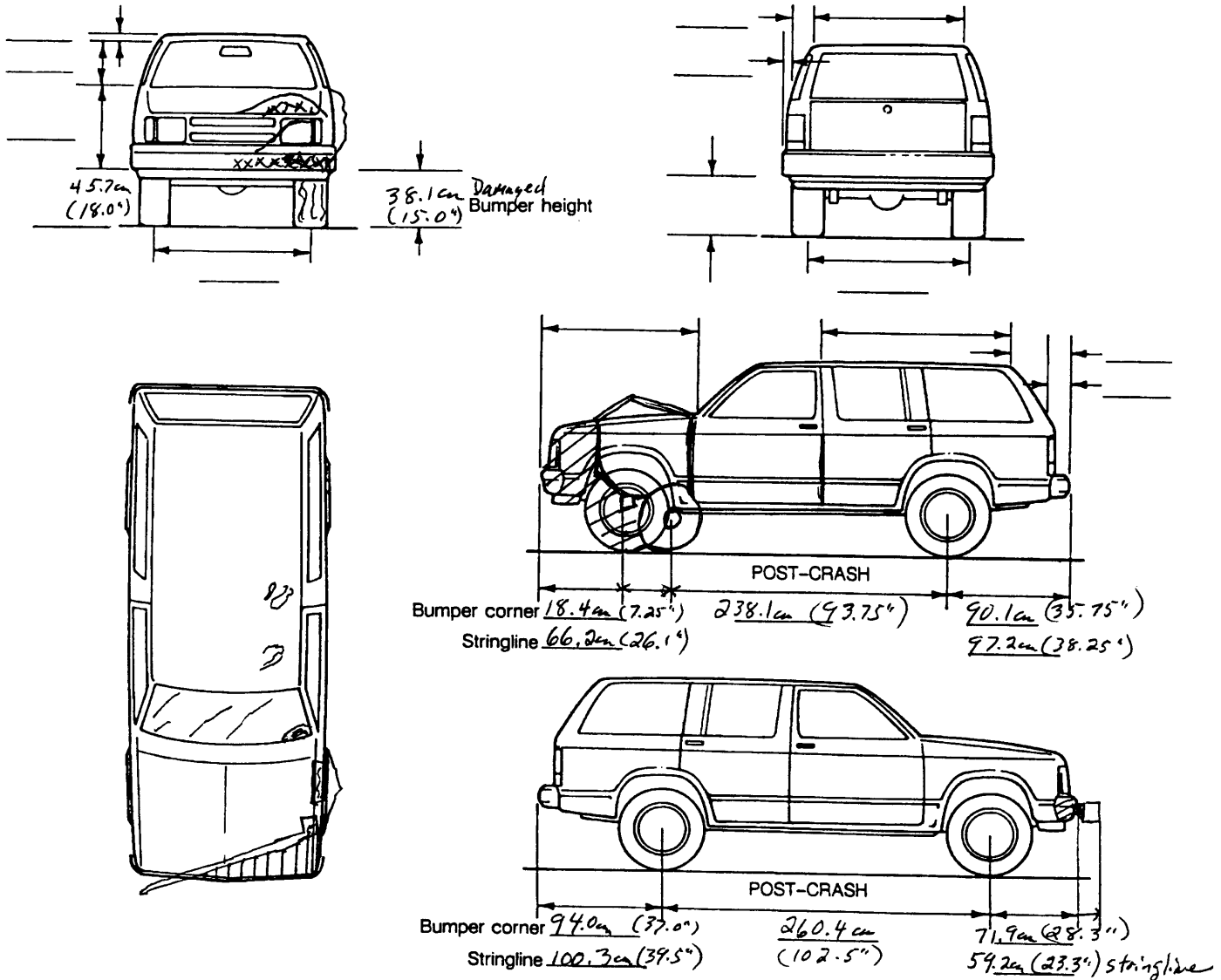
Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>(101.4") 257.6</u> cm Overall Length <u>(165.3") 419.9</u> cm Maximum Width <u>(70.5") 179.1</u> cm Curb Weight <u>(3,008 lb) 1,364</u> kg Average Track _____ cm Front Overhang <u>(24.4") 62.0</u> cm Rear Overhang <u>(39.5") 100.3</u> cm Undeformed End Width <u>(65.0") 165.1</u> cm Engine Size: cyl./displ. <u>6 cyl 4.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u>20</u> ° LF \pm <u>20</u> ° RR \pm <u>/</u> ° LR \pm <u>/</u> ° Within \pm 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT \geq 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVE WHEELS <input type="checkbox"/> FWD <input type="checkbox"/> RWD <input checked="" type="checkbox"/> 4WD Approximate Cargo Weight <u>—</u> kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) _____
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width
(For highest severity impact) _____
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase
_____ Code to the nearest centimeter 258
(650) 650 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

29. Original Average Track Width
_____ Code to the nearest centimeter _____
(185) 185 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? 0
 (0) No
 (1) Yes

31. Researcher's Assessment of Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap 2

36. Location of Fuel Tank-2 Filler Cap 0
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown

37. Type of Fuel Tank-1 1

38. Type of Fuel Tank-2 0
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown

39. Location of Fuel Tank-1 1

40. Location of Fuel Tank-2 0
 (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown

41. Damage to Fuel Tank-1 1

42. Damage to Fuel Tank-2 0
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown

FIRE OCCURRENCE

33. Fire Occurrence 0
 (0) No fire
 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown

34. Origin of Fire 0
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

<p>43. Leakage Location of Fuel System-1 <u> 1 </u></p> <p>44. Leakage Location of Fuel System-2 <u> 0 </u></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p style="margin-left: 20px;"><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____ (9) Unknown</p> <p>45. Fuel Type-1 <u> 0 </u> <u> 1 </u></p> <p>46. Fuel Type-2 <u> 0 </u> <u> 0 </u></p> <p style="margin-left: 20px;"><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p style="margin-left: 20px;"><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u> 0 </u></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p style="margin-left: 20px;"><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p style="margin-left: 20px;">(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p style="margin-left: 20px;">(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p style="margin-left: 20px;">(9) Unknown if more than two tanks</p>
<p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

96 21

3. Vehicle Number

02

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

00

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF / 6. RF / 7. LR / 8. RR / 9. TG/H /

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS / 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS / 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL / 29. Roof 0 30. Other /

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS / 32. LF / 33. RF / 34. LR / 35. RR /

36. BL / 37. Roof 0 38. Other /

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS / 40. LF / 41. RF / 42. LR / 43. RR /

44. BL / 45. Roof 0 46. Other /

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact

(6) Glazing out-of-place by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

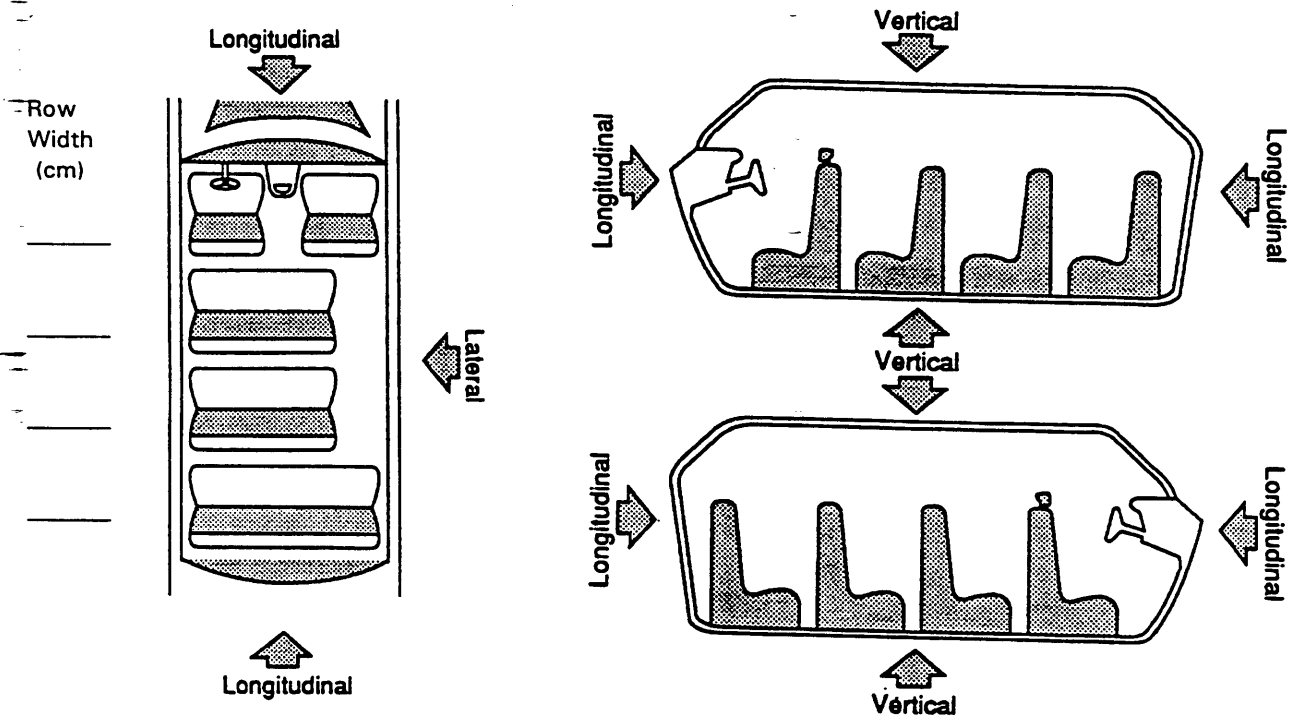
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
11	Toe Pan	111.8 cm	101.6	= 10.2	Long
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>11</u>	48. <u>05</u>	49. <u>2</u>	50. <u>2</u>
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
(11) Left
(12) Middle
(13) Right

Fourth Seat
(41) Left
(42) Middle
(43) Right

Second Seat
(21) Left
(22) Middle
(23) Right

(97) Catastrophic
(98) Other enclosed area (specify)

Third Seat
(31) Left
(32) Middle
(33) Right

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify):

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
	—		=	
	—		=	
	—		=	
	—		=	

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 1

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment 0

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation 13

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 04

- (00) No steering rim deformation

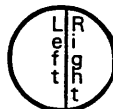
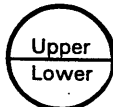
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading 270,000

_____ kilometers

Code to the nearest 1,000 kilometers

(000) No odometer

(001) Less than 1,500 kilometers

(500) 499,500 kilometers or more

(999) Unknown

_____ miles X 1.6093 = 270,061 kilometersSource: VI93. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 0

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 0

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 0

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

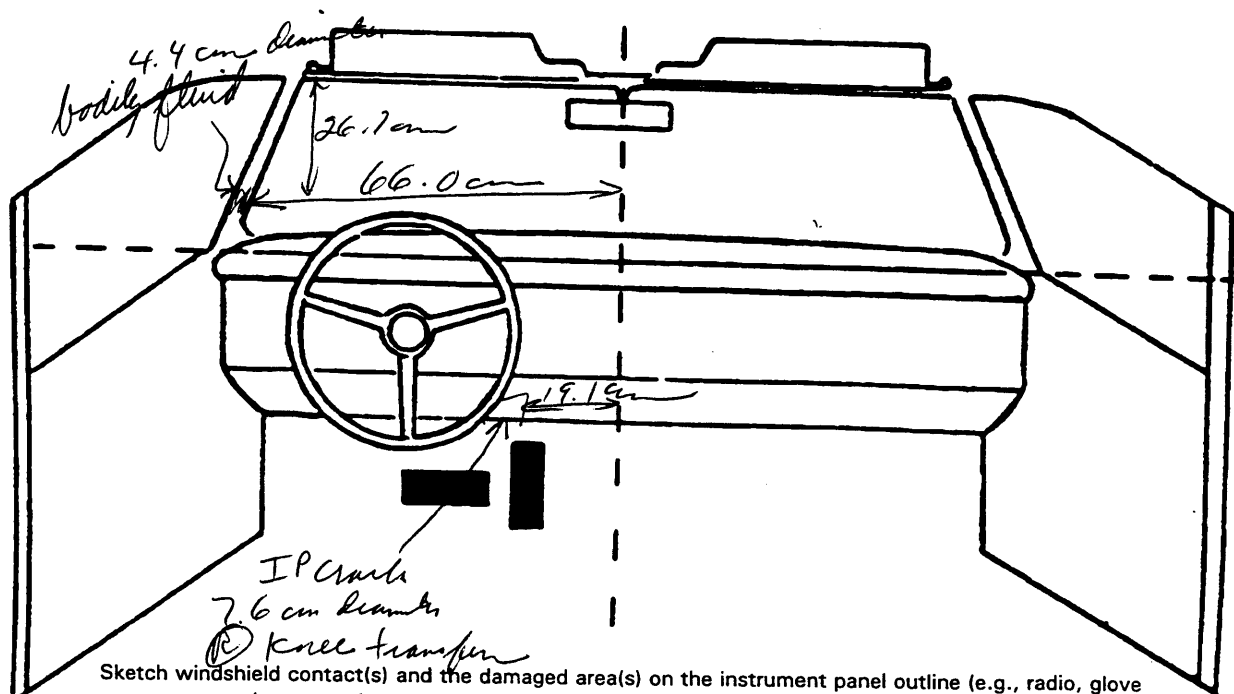
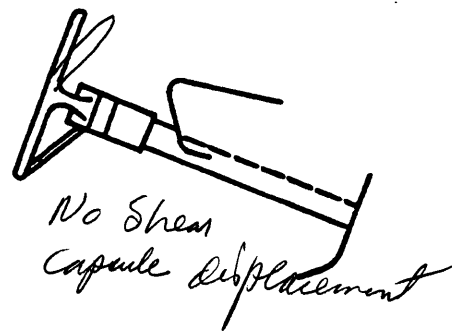
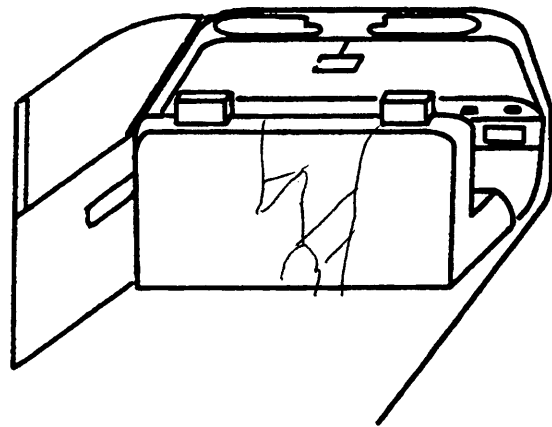
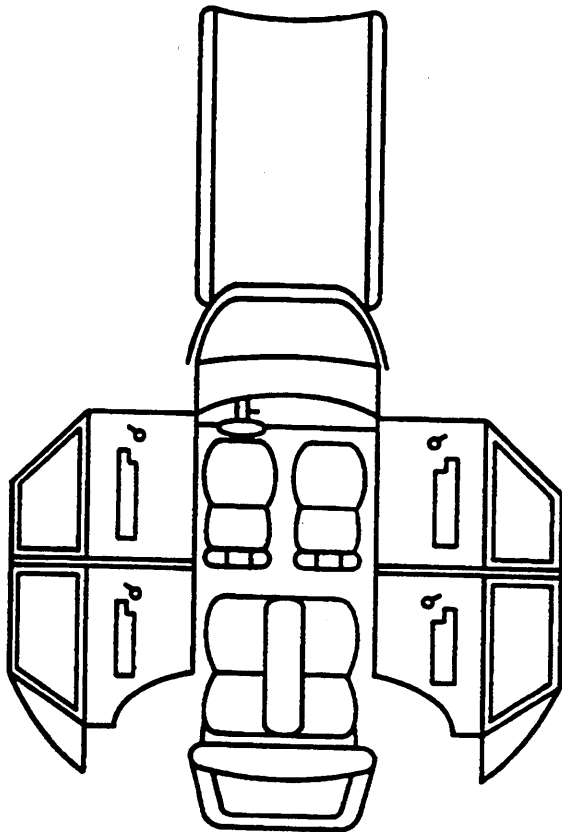
97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify): _____
 [] Additional or relocated switches (specify): _____
 [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify): _____
 (019) Other front object (specify): _____

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify): _____
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify): _____
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify): _____
 (155) Head restraint system
 (160) Other occupants (specify): _____
 (161) Interior loose objects
 (162) Child safety seat (specify): _____
 (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify): _____
 (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify): _____
 (409) Additional or relocated switches, (specify): _____
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	/	4
	B-Evidence of usage	0		4
	C-Used in this crash?	0		4
	D-Proper Use	0		1
	E-Failure Modes	0		1
	F-Anchorage Adjustment	1		1
SECOND	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function			
	Deployment			
	Failure			

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

**Air Bag System Deployment
(This Occupant Position)**

- (0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

B-Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

C-Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?		
B-Flaps open at tear points?		
C-Flaps damaged?		
D-Air bag damaged?		
E-Source of air bag damage		
F-Air bag tethered?		
G-Air bag have vent ports?		
H-Other occupant contact air bag?		
I-Occupant wearing eyewear?		

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air/Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

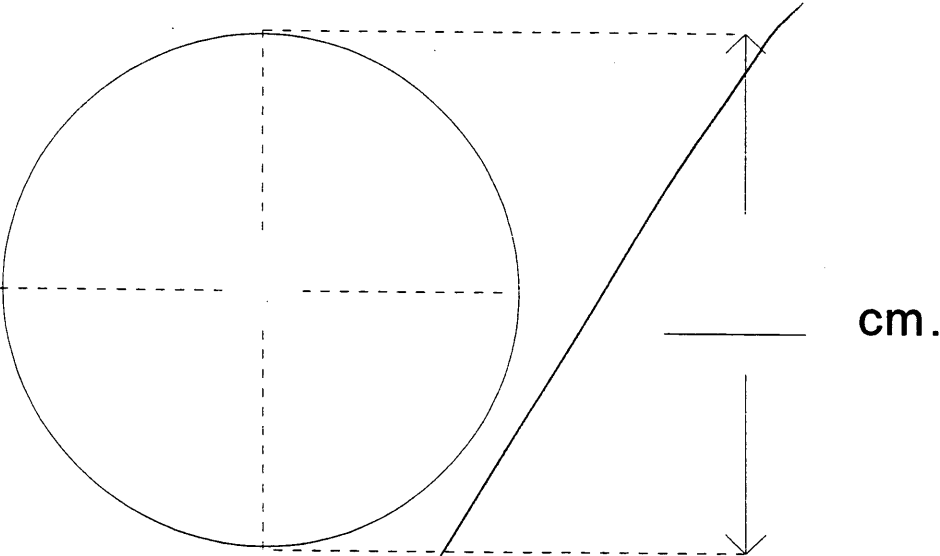
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

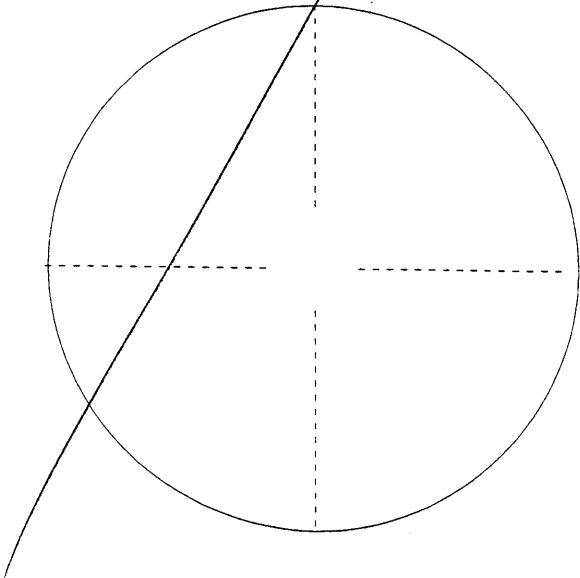
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

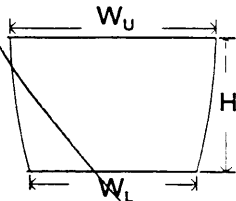


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____



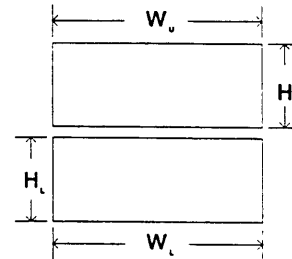
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) _____ width (W_L) _____

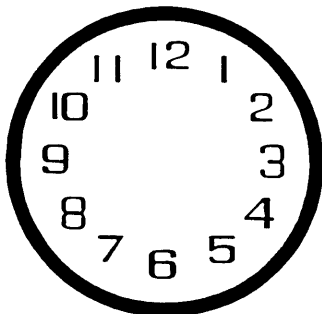
height (H_U) _____ height (H_L) _____

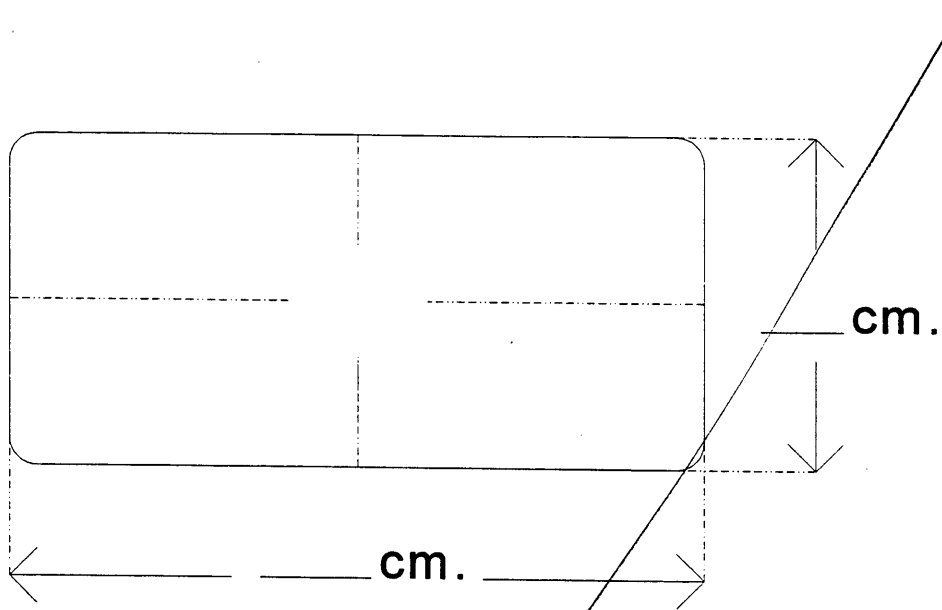
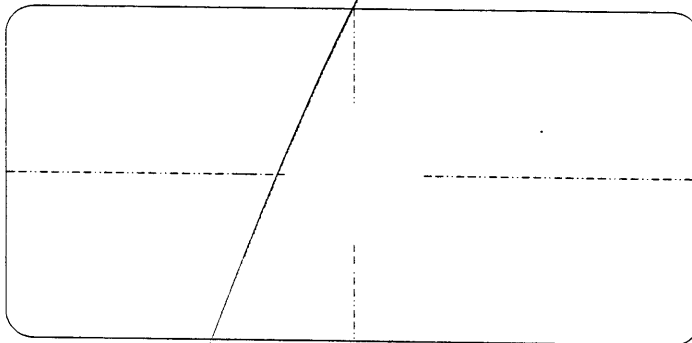


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

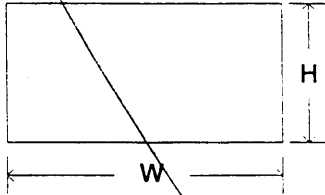


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____
height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

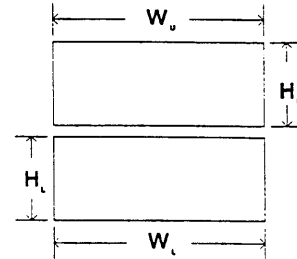
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

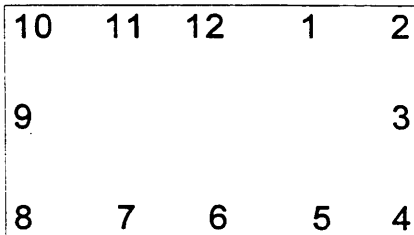
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	3		3
	B-Seat Type	01		01
	C-Seat Orientation	1		1
	D-Seat Track Position	6		4
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
SECOND	A-Head Restraint Type/Damage	0		0
	B-Seat Type	05		05
	C-Seat Orientation	1		1
	D-Seat Track Position	1		1
	E-Seat Back Incline Pre/Post Impact	01		01
	F-Seat Performance	1		1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

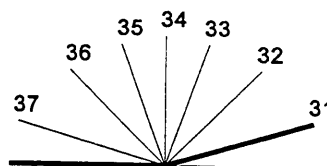
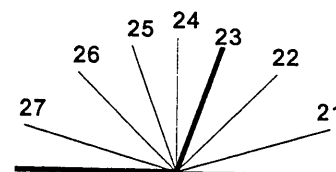
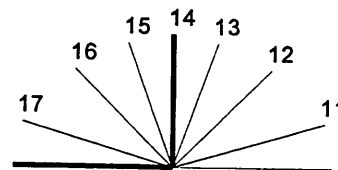
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether
(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)



OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

___ inches X 2.54 = ___ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

___ pounds X .4536 = ___ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0

16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

2

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 02

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment +

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

30. Frontal Air Bag System

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment
(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag
Availability/Function
(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First
Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System
Failure?

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 08

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +
- 000

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 08

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):
(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 02
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 01
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

(00) Occupant not seated or no seat

(01) Not adjustable

Upright prior to impact

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

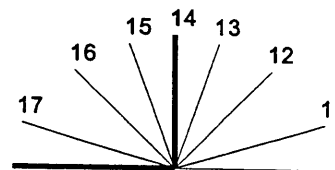
(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

***Slightly reclined prior to impact***

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

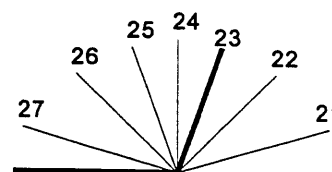
(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

***Completely reclined prior to impact***

(31) Retained pre-impact position

(32) Moved to rearward midrange position

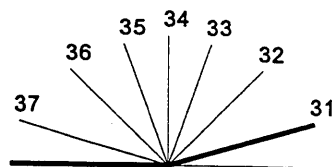
(33) Moved to slightly rearward position

(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed (specify): _____

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0790
(000) No child safety seat
Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat - with shield
(5) Booster seat - without shield
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 09
(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 09

Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 9

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 02

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 99

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death**68. 2nd Medically Reported Cause of Death****69. 3rd Medically Reported Cause of Death**

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score**

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?

- (1) No - blood not given
(2) Yes - blood given

(specify units):

- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**

(0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	8. <u>06</u>	9. <u>02</u>	10. <u>1</u>	11. <u>8</u>	12. <u>004</u>	13. <u>1</u>	14. <u>1</u>	15. <u>08</u>
2nd	16. <u>3</u>	17. <u>2</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>4</u>	23. <u>053</u>	24. <u>1</u>	25. <u>1</u>	26. <u>06</u>
3rd	27. <u>3</u>	28. <u>4</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>4</u>	34. <u>005</u>	35. <u>1</u>	36. <u>1</u>	37. <u>08</u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Specific Anatomic Structure

Vessels, Nerves, Organs.
Bones, Joints are assigned consecutive two digit numbers beginning with 02.

The exceptions to this rule apply to:

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes Muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04) Level
- (06) of
- (08) Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

SOURCE OF INJURY DATA

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

INJURY SOURCE

CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

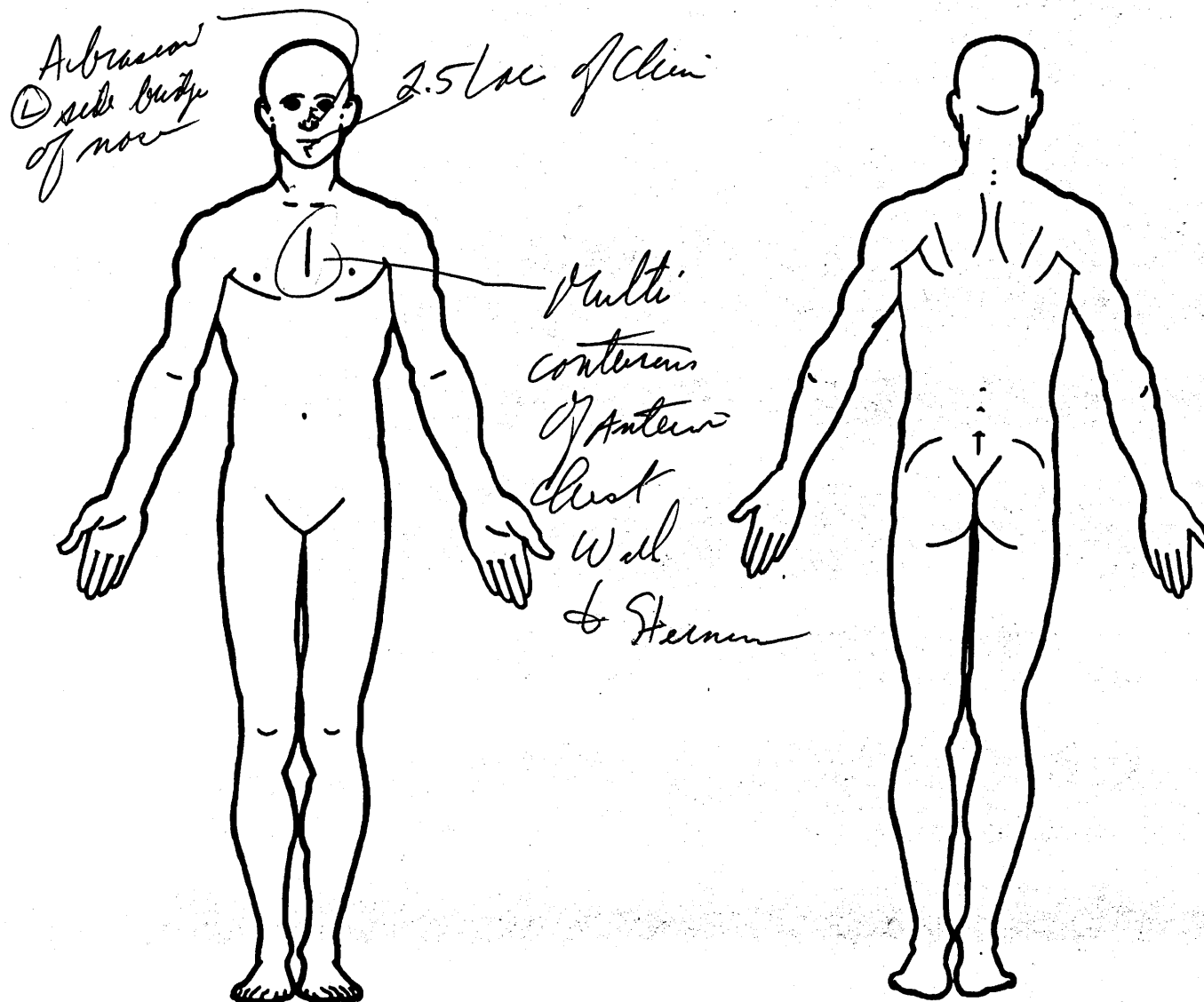
Arterial Blood Gases

pH = ___

PO₂ = ___

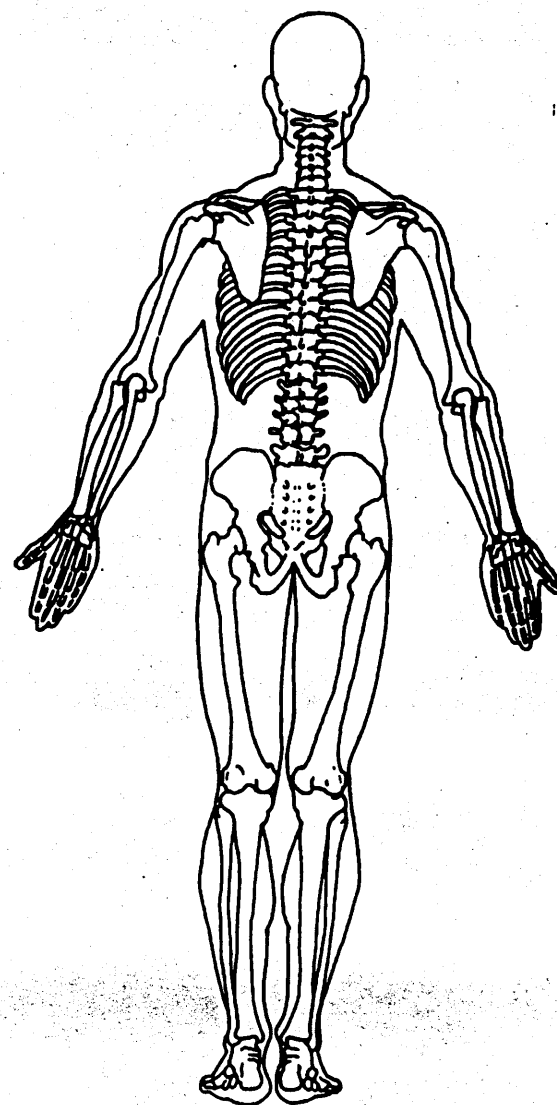
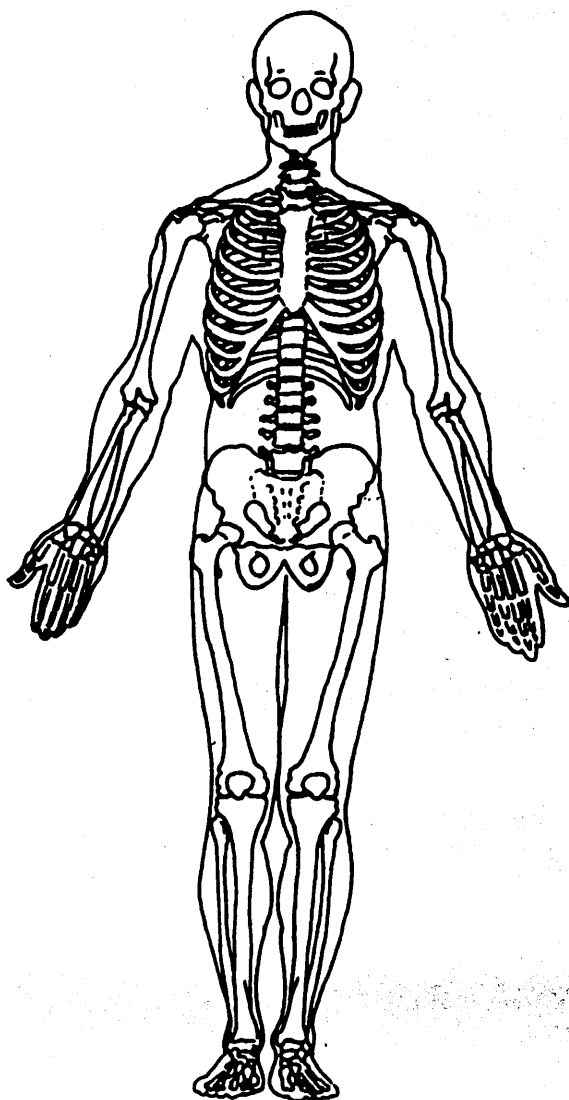
PCO₂ = ___

HCO₃ = ___



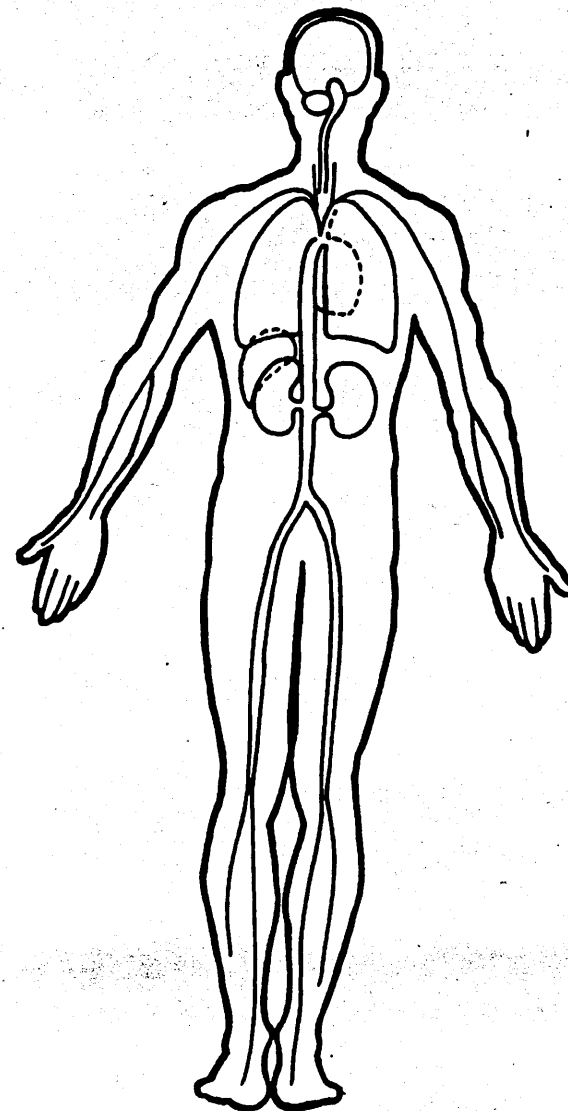
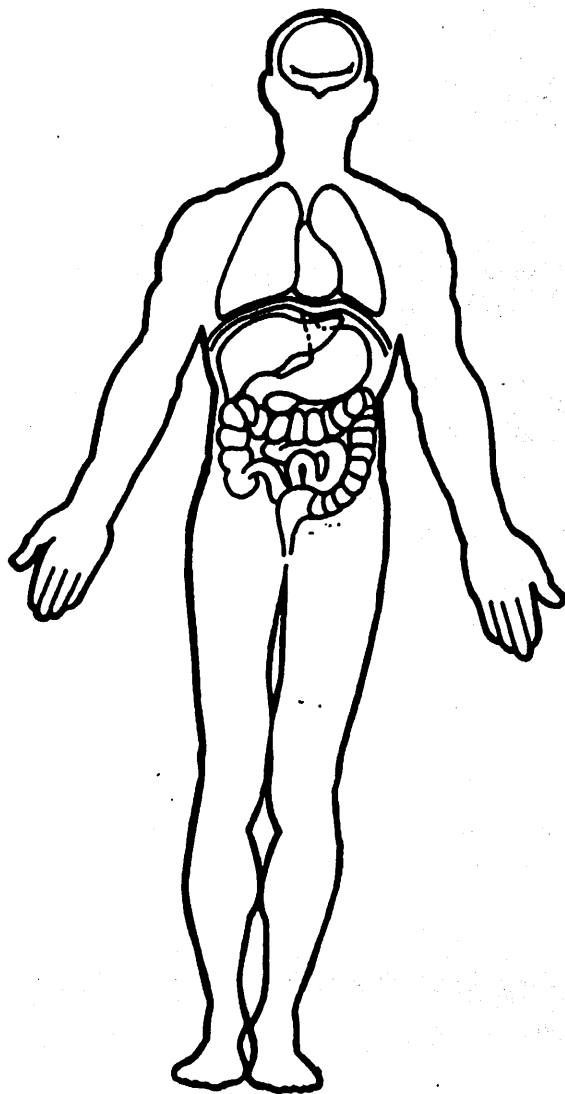
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

96-21

3. Vehicle Number

02

4. Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

33

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

2

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

999

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

999

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

2

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

13

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

0

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 2

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +

Delta V For Air Bag Deployment Impact

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 1

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):
(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

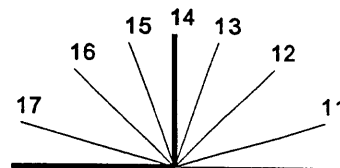
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 01
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 4
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 23

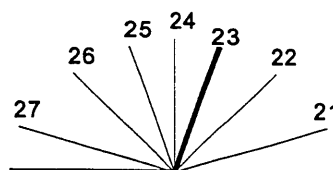
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

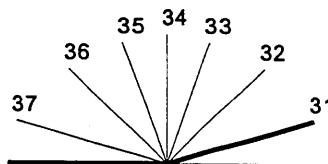
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) _____

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage

59. Child Safety Seat Shield Usage

60. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) **9**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality **4**

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) **2**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay **08**

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost **99**

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death

68. 2nd Medically Reported Cause of Death

69. 3rd Medically Reported Cause of Death

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?

- (1) No - blood not given
(2) Yes - blood given

(specify units):

- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):

- (9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 3	6. 9	7. 9	8. 04	9. 00	10. 1	11. 9	12. 152	13. 1	14. 1	15. 00
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA

INJURY SOURCE

DIRECT/INDIRECT INJURY

CONFIDENCE LEVEL

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

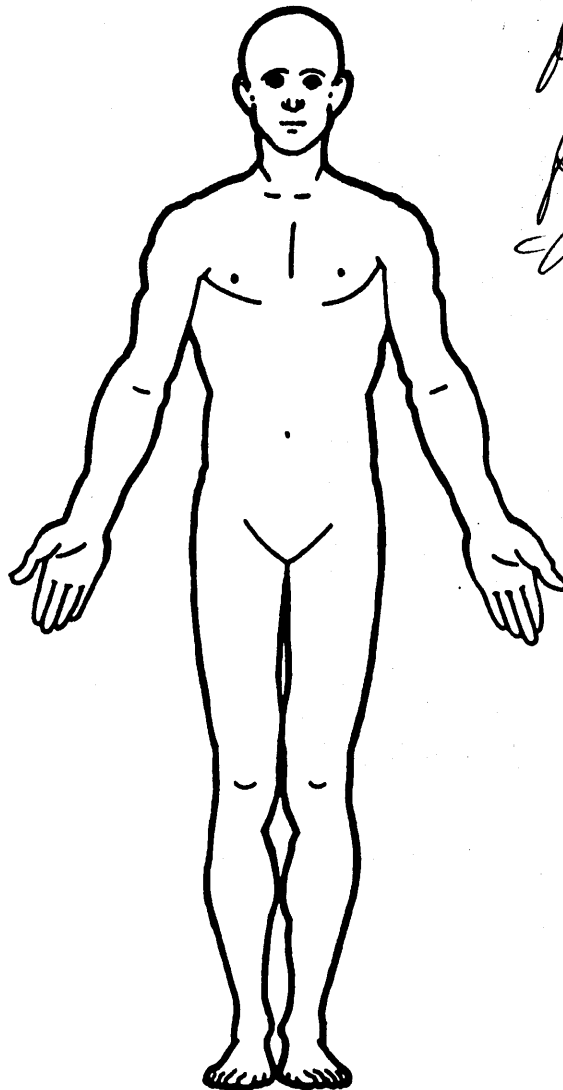
Arterial Blood Gases

pH = ___

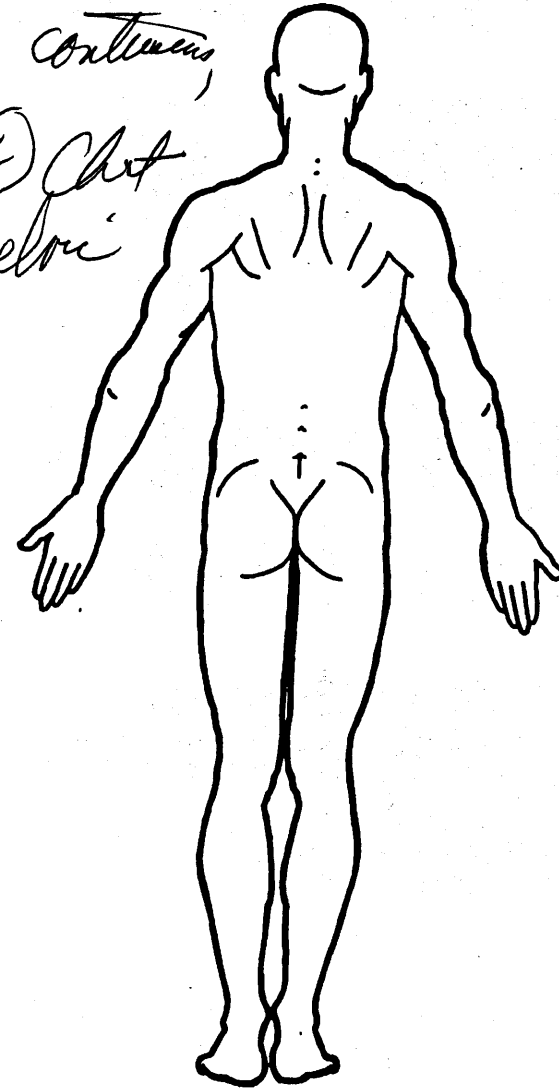
PO₂ = ___

PCO₂ ___

HCO₃ ___

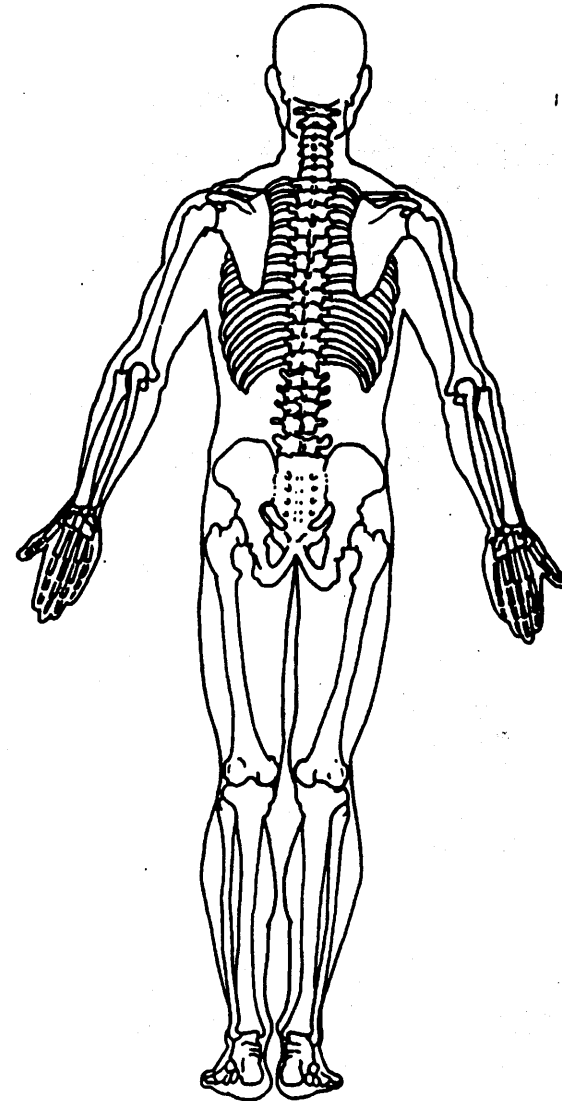
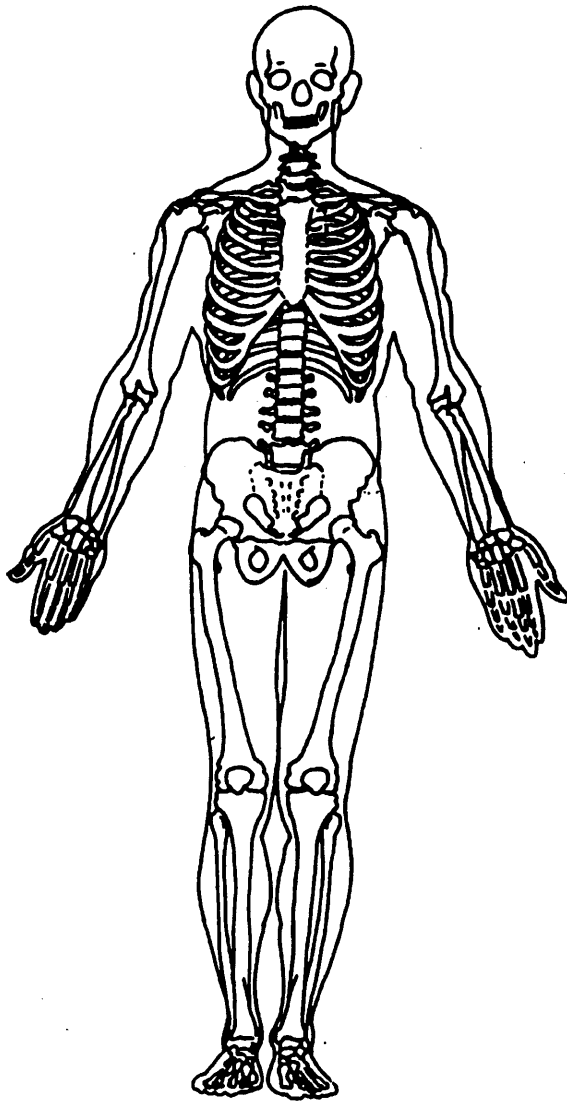


*Multiple contusions,
pain of C chest
to left pelvic
area*



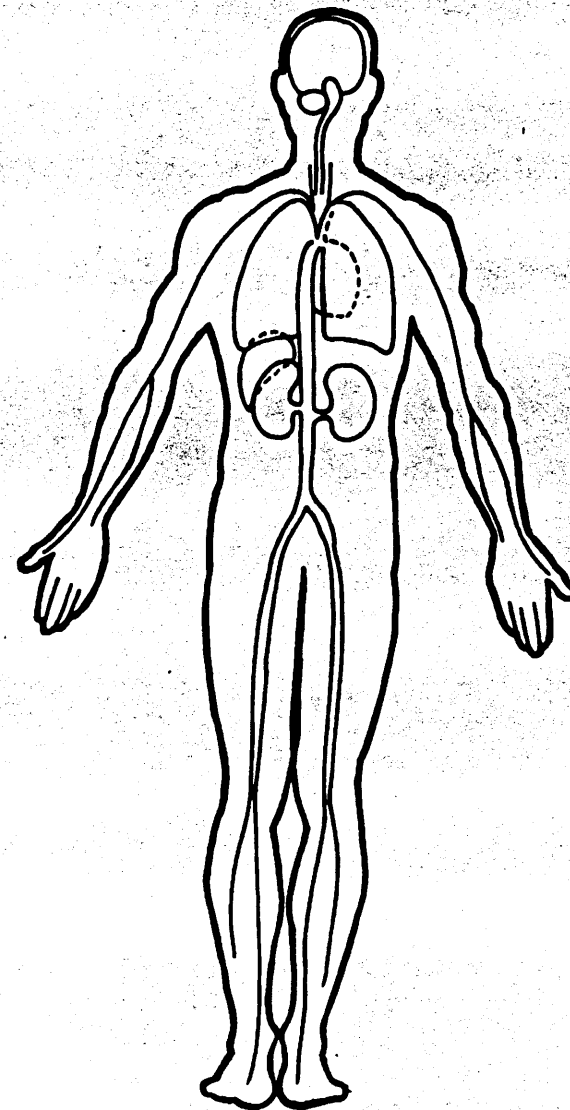
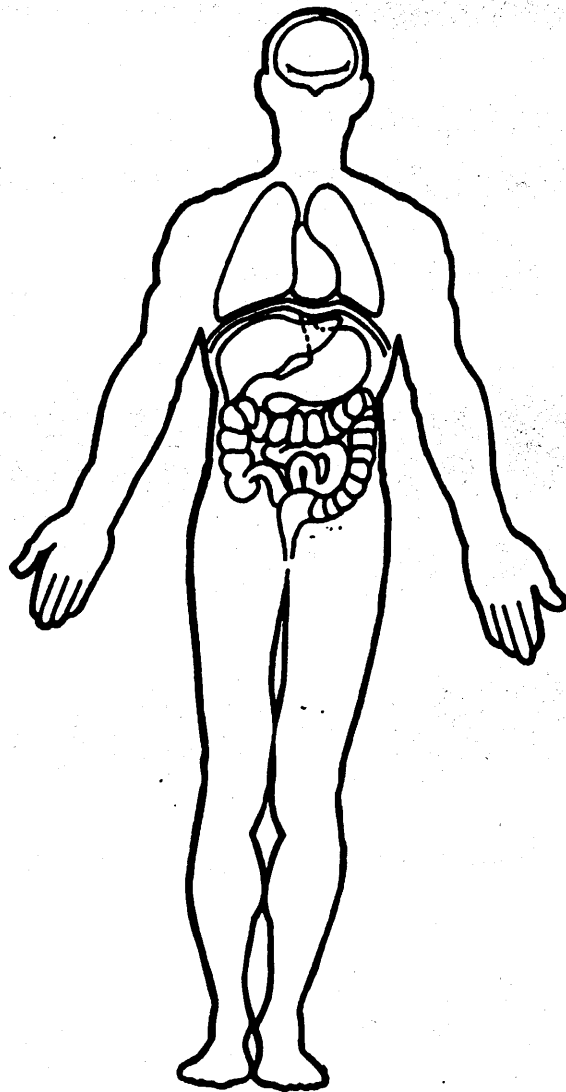
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



HOSPITAL

DISCHARGE SUMMARY

Adm: [REDACTED] 1996

Dis: [REDACTED] 1996

50 03 90 67-9

Attending Physician

[REDACTED] (837)

[REDACTED] *

Admission Diagnosis

1. Multiple trauma, status post motor vehicle accident

Postoperative Diagnosis:

Same.

The patient was brought into the Emergency Department via [REDACTED] flight. A 34-year-old white female, three to four weeks postpartum, involved in a head-on motor vehicle collision, unconscious at the scene, required difficult extraction. She was restrained with seat belt and air bag deployed. Initially described with Glasgow coma scale of 3 by EMS and in the [REDACTED] emergency department, noted to have bilateral pneumothoraces, chest tubes placed, the patient intubated, scalp laceration stapled and resuscitation started en route via DHART. Noted to have originally left sided ortho injuries. Seen initially by the Trauma Service here at [REDACTED].

On physical exam, it was noted that her pupils were unequal with the left 6 mm, right 4 mm sluggish. She had a large frontal laceration closed with staples. She had a rigid collar. Chest had bilateral chest tube with good aeration. She had ecchymosis around both eyes. The abdomen was not distended, soft, some left upper quadrant abrasions. Left forearm was in a splint. Left thigh was swollen at mid thigh and the left lower calf was swollen. Chest x-ray showed bilateral pneumothoraces. Chest tubes in proper position. Bone films also showed that the patient had a left ulnar fracture. A left mid femur comminuted fracture. The patient was hemodynamically stable when brought in. Initially was seen by the Trauma residents and Neurosurgery was called to evaluate the patient. Neurosurgery's initial findings noted the decreased level of consciousness since the patient was not responding to painful stimuli. Also noted that the left pupil was fixed and dilated.

The patient was taken to the Operating Room for repair of the fractures. A left femoral reconstruction was conducted via rodding, ORIF of left ulna. The surgeons were [REDACTED] assisted by [REDACTED]. The patient, after repair of the fractures, was sent to the ICU. Also noted on the initial evaluation via ortho was a left wrist fracture and a left acetabular fracture. The patient's overall mental status when admitted to the ICU still showed a Glasgow coma scale of only three. Initial consults sought by Ophthalmology to evaluate orbital damage. The fundus exam was found to be normal with no obvious swelling. The macula was normal. There was no evidence of globe rupture or trauma, no ocular cause for dilation of left pupil. Therefore cause is neurologic. The patient's visual acuity - the patient is able to see evidently, cannot respond appropriately to questioning and unable to tell to what level of acuity she is seeing. The ptosis in her left eye lid and dilation at left pupil has persisted throughout the hospitalization. Over the first three days after the

Adm: [REDACTED] 1996
Dis: [REDACTED] 1996

-2-

[REDACTED]
50 03 90 67-9

accident, there was noted slight improvement on the neuro exam with some purposeful movement, retraction from painful stimuli.

A Social Service consult was also sought on [REDACTED]/96 to help deal with the family's coping skills and to see what issues were faced and help and discuss management of issues faced in the future. The husband seemed to be coping well with the accident and he was very supportive in his wife's recovery. By post accident day five, the patient was still improving gradually in her neurologic status. She was able to follow some simple commands on the right with hand squeezing. A staple was placed in [REDACTED] on the left orbital head laceration was removed on [REDACTED] and Steri-Stripped. TPN was started on postop day five and a full nutrition consult was sought at that time to access the patient's caloric needs and ongoing support. Continued neurologic assessment showed that the patient was able to move the right side and respond to simple commands and still no movement to the left upper and left lower extremity. Still not verbally responding to any questioning.

On hospital day #6, we were able to discontinue the patient's chest tubes and follow-up x-ray showed no pneumothorax. The patient had had spiking fevers one week post accident. Finally blood cultures showed a positive blood culture identified as beta strep. She was started on amp and gent antibiotic coverage.

Occupational Therapy as well as Physical Therapy were also consulted to help with the patient's management. On [REDACTED]/96, a major milestone was crossed and the patient was out of bed to the chair for the first time since the accident. She has been following commands for others with a Glasgow coma scale gradually increasing to 10 on this date. Remained on a ventilator at this point. Around this same period, the patient also developed an enterococcal urinary tract infection and staphylococcal pneumonia, both of which were being treated with IV antibiotics which consisted of nafcillin. By hospital day 14, we were able to discontinue the patient's central line and start peripheral IV access. Cultures were done of the catheter tip. The patient's cardiovascular status and pulmonary status remained unchanged. The patient's pulmonary status was gradually improving and it was hoped that over the next few days the patient could be extubated. The patient's white blood cell count during the UTI infection as well as the pneumonia had reached an apex of 25.8 on the tenth day postop and then after the antibiotics were started, continued to fall and by postoperative day 14, had dropped to 20 and again by postoperative day 15, again down to 16.2. On postoperative day 16, down to 15.5 and again on postoperative day 17 to 13.6. By postoperative day 15, we were able to discontinue the Dilantin. Started on admit to the [REDACTED] Unit and finally the patient was extubated on post MVA day 16 and placed on face mask with O2. On postop day 17, the patient was considered stable enough to be transferred out of the [REDACTED] Unit to the [REDACTED] Unit [REDACTED].

Laboratory Values at the Time of Transfer showed a WBC of 9.5, H&H of 10.1/29.8 and platelets of 445, sodium 139, potassium 4.5, CO 102, bicarb 25, BUN 11, creatinine .6.

One of the recurrent problems that we were having with the patient's care post transfer from the [REDACTED] Unit was repeated pulls of

Adm: [REDACTED], 1996
Dis: [REDACTED] 1996

-3-

[REDACTED]
50 03 90 67-9

the patient;s Dobbhoff tube. Even soft restraints were utilized with no effect. The patient went through multiple Dobbhoff tubes each day and it was finally decided on [REDACTED] that we would go ahead and consult GI for placement of PEG tube for nutrition. PEG tube was placed on [REDACTED]/96. There were no complications and after 24 hours, we were able to resume tube feeds via the Dobbhoff without no further complications.

During the final week of the hospital stay, the patient's overall mental status improved dramatically with increased movement to the left extremities as well as purposeful movement. The patient was able to respond to questions as well as started talking in whispers in the final week of her stay. The patient was oriented to place as well as person, but had no recollections of the accident. Currently, the patient is doing well, able to respond to commands, able to converse at a very minimum level, still unable to open the left eye with ptosis as well as the 5 to 6 mm pupillary dilation which hasn't changed since the time of the accident.

Physical Therapy has continued to work with the patient and has been working with increasing range of motion and working with the patient on activities of daily living. The patient has remained afebrile and vital signs stable since transfer from the [REDACTED] Unit and laboratories continue to remain in the normal range.

The patient was evaluated on [REDACTED] for placement in rehab program and was accepted by [REDACTED] and plans for transfer on [REDACTED]/96 to that unit.

The transfer medications are:

- Colace 100 mg per G tube.
- Axid 150 mg per G tube b.i.d.
- Dulcolax suppositories per rectum prn.
- Milk of Magnesia 30 ml p.o.prn.
- Fleets enema prn.

No pain medications are being required. There are currently no antibiotics being used. The patient requires occasional use of soft restraints, but that is become moreso in the last few days. The patient is receiving tube feeds via the G tube with Promod 50 cc per hour 24 hours a day. A CT scan of the head has been taken the night before transfer and that will be reviewed by the Neurosurgery staff to compare with the original films.

Copies of all laboratory values during her stay as well as consults performed and the findings on x-ray reports to be forwarded with the patient.

Adm: [REDACTED], 1996
Dis: [REDACTED] 1996

-4-

[REDACTED]
50 03 90 67-9

Activities post transfer to be up to the rehab center, but it is recommended that her G tube site be protected initially to prevent the patient from pulling the G tube inadvertently.

The patient also has no known drug allergies.

[REDACTED], M.D.

[REDACTED] M.D.

[REDACTED]
Dic: [REDACTED]/96
Tra: [REDACTED]/96
cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Tel: [REDACTED]

Copy to accompany patient.

[REDACTED] HOSPITAL

OPERATIVE REPORT

OP: [REDACTED], 1996

[REDACTED], [REDACTED]
50 03 90 67-9

Surgical Staff/Assistants
[REDACTED]
[REDACTED]
[REDACTED]

Preoperative Diagnosis: Status post motor vehicle accident with closed head injury.

Postoperative Diagnosis: Same as the above mentioned.

Procedure(s) Performed: Placement of intracranial intraventricular drain to monitor the intracranial pressure and to drain the cerebrospinal fluid.

Anesthesia: General anesthesia with intubation was administered.

Indications: [REDACTED] is a 35 white female patient with a history of motor vehicle accident and closed head injury as well as left femoral fracture. Initially an attempt was made to place a ventricular drain in the Emergency Room but the patient was taken to the operating room right away from the Emergency Room so the ventricular drain was placed in the operating room while the Orthopedic surgeons were working on the broken femur.

Description of Procedure: The patient was taken to the operating room in stable condition, positioned on the operating room in the supine position. The patient's neck was turned to the left. The patient's scalp area over the right frontal region was prepped and draped in the usual sterile fashion. Next, after filling the usual landmarks, the midline and coronal suture a point was selected 1.5 centimeters anterior to the coronal suture. 1.5 centimeter lateral from the midline.

A skin incision measuring about 2.3 to 3 centimeters was made over the measured point. The incision was carried down through the subcutaneous tissues to the bone. Next the periosteum was separated from the bone. Next, using the hand held drill a bur hole was made. After that the dura was pierced using the metal probe. Next, the ventricular ostomy catheter was placed into the anterior horn of the right lateral ventricle in two passes. The ventricular drain was placed up to a length of 5.5 to 6 centimeters. Cerebrospinal fluid slightly blood-tinged was found to be coming out. The other end of the ventricular drainage catheter was connected to the cerebrospinal fluid drainage bag. Next, the wound was closed using #4-0 Prolene continuous stitch. Bacitracin ointment and good pressure dressing was applied over the wound. The patient tolerated the procedure well.

[REDACTED] M.D.

Dic: [REDACTED]/96

Tra: [REDACTED]/96

[REDACTED] HOSPITAL

OPERATIVE REPORT

OP: [REDACTED], 1996

[REDACTED]
50 03 90 67-9

Surgical Staff/Assistants
[REDACTED]
[REDACTED] *
[REDACTED]

Procedure performed: Open reduction and internal fixation, left ulnar fracture.

Indications: The patient is a 35-year-old female involved in a motor vehicle accident who sustained a closed fracture of the left ulna in addition to an ipsilateral femoral shaft and femoral neck fracture. Other injuries included a closed head injury. The patient was subsequently brought to the Operating Room for placement of an intracranial pressure monitoring device as well as open reduction and internal fixation of the left forearm and closed intramedullary nailing of the left femoral shaft and trochanteric fractures.

This dictation will concern the left ulnar fracture. The second portion of the procedure, closed IM nailing of the femur, will be dictated by [REDACTED].

Findings: The left ulnar fracture was a closed injury located mid shaft of the ulna. There was significant comminution, however an anatomic reduction and satisfactory fixation were attained.

Description of procedure: The patient was brought to the Operating Room having previously been intubated and paralyzed prior to transport to this hospital. She was subsequently placed supine on the fracture table. The patient's left lower extremity had been maintained in the Sager traction splint. This was removed and the patient's left leg was subsequently placed in traction on the fracture table while the ulnar fracture was addressed. The left arm was placed outstretched on an arm board. A tourniquet was placed over Webril padding proximally. The arm was then elevated and exsanguinated using an Ace wrap. The arm was then prepped and draped sterilely. The extremity was then elevated and exsanguinated using an Ace wrap, after which the tourniquet was inflated to 250 mm/Hg. The fracture was then palpated along the mid shaft of the ulna. An approximately 7 cm incision directly over the ulna on the volar aspect of the forearm was then made extending an equal distance proximally and distally to the fracture. The incision was brought through the skin and subcutaneous tissue, onto the fascia overlying the interval between the extensor carpi ulnaris and flexor carpi ulnaris. The fascia was then divided and the interval between these two muscle was divided directly onto bone, exposing fracture. Subperiosteal dissection around the fracture was then accomplished. The fracture was

noted to be markedly more comminuted than apparent on the x-rays. After adequate exposure of the fracture, the fracture was reduced and held there with the fracture reduction forceps. A seven hole compression plate was then applied across the fracture and secured using standard AO technique, with six bicortical screws, three proximal and three distal to the fracture. Rotation of the extremity was then checked and the patient appeared to have full pronation and supination.

The wound was then irrigated. The fascia overlying the extensor carpi ulnaris and flexor carpi ulnaris was then reapproximated with interrupted sutures using 0 Vicryl. The subdermal tissue was reapproximated with multiple interrupted sutures using 3-0 undyed Vicryl followed by closure of the skin with a running subcuticular stitch using 4-0 Monocryl. The wound was cleaned and dried. Mastisol and Steri-Strips were applied. A dry gauze dressing was then applied and held in place with sterile Webril, over which a posterior splint using plaster was placed and held there with bias wrap.

The tourniquet was let down prior to closure and hemostasis was controlled with electrocautery. The patient had received 1 g. of Kefzol as well as 100 mg of gentamicin prior to surgery. After finishing the ORIF of the ulna, the patient was repositioned and prepped for closed intramedullary nailing of her ipsilateral femoral neck and femoral shaft fractures.

[REDACTED] M.D.

[REDACTED] M.D.

[REDACTED]
Dic: [REDACTED]/96
Tra: [REDACTED]/96

UPPER GASTROINTESTINALENDOSCOPY

/61

HOSPITAL

and

Referring Physician: _____

Address: _____

Phone: _____

Medication:

- ☒ Demerol 50
☐ Phenergan _____
☐ Atropine _____
☐ Valium _____
☒ Midazolam 1.0
☐ Other _____

Allergies:Complications: ☐ Yes

If yes, specify: _____

Prostheses:

- ☐ Valves
☐ Joints
☐ Other
☐ Antibiotic Prophylaxis

☐ Biopsies

Site _____

Path _____

Indication:

- ☐ Dyspepsia
☐ Heartburn
☐ Upper GI Bleeding
☐ Esophageal Sclerotherapy
☐ Dysphagia
☐ Barrett's F/U
☐ Endoscopic Cautery
☐ Foreign Body Removal

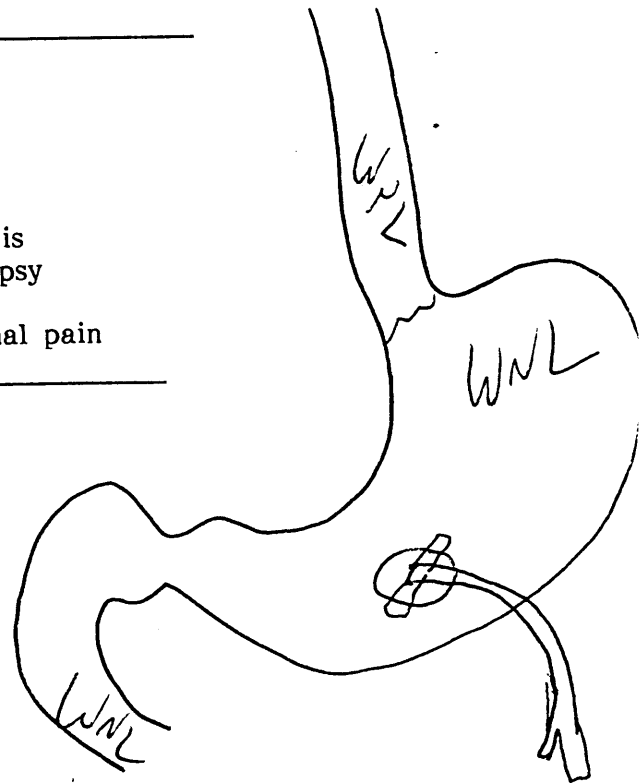
- ☐ Anemia
☐ Gastric Polyps
☐ Abnl UGI Series
☐ Atrophic Gastritis
☐ Small Bowel Biopsy
☐ PEG/PEJ
☐ Chronic abdominal pain
☐ Other: _____

Findings:

- ☐ Normal
☐ Esophagitis
☐ Esophageal Ulcer
☐ Esophageal Stricture/Ring
☐ Esophageal Varices
☐ Esophageal Tumor
☐ Barrett's Esoph.
☐ Esophageal (Other): _____

- ☐ Gastric Ulcer
☐ Gastric Ulcer w/ Visible Vessel
☐ Gastritis
☐ Gastritis - Atrophic
☐ Hiatal Hernia
☐ Mallory-Weiss Tear
☐ Gastric Polyp(s)
☐ Gastric AVM
☐ Gastric Varices
☐ Gastric Tumor
☐ Gastric (Other): _____
☐ Pyloric Stenosis
☐ Pyloric Channel Ulcer

- ☐ Duodenitis
☐ Duodenal Ulcers
☐ Duodenal Ulcers w/ Visible Vessel
☐ Duodenal Tumor
☐ Duodenal Diverticulum
☐ Duodenal (Others): _____

Comments: EGD normal
PEG placed in usual
fashion - Repeat EGD to
placement

Physician: _____

☐ Anderson ☒ Cimis ☐ Edwards

Signature

Date

☐ McCleery ☐ Rothstein Other: TOOL

EMERGENCY RECORD

THE MEMORIAL HOSPITAL

03860-5001

1-01

PATIENT NAME		DATE	TIME	PATIENT TYPE	SERVICE	EMERGENCY DEPT. NUMBER	
				E	EMR		
P.O. BOX - STREET ADDRESS		AGE	D.O.B.	SEX	MAR	SEX-MAR CODE	FAMILY PHYSICIAN
		34	/1961	F	S		
TOWN - STATE - ZIP CODE		TELEPHONE		DR. CODE		ATTENDING PHYSICIAN	
NH 03860							
WHERE STAYING	TELEPHONE	NEXT OF KIN			RELATIONSHIP		TELEPHONE
					HUSBAND		
PATIENT EMPLOYER - NAME AND ADDRESS						DIAG. CODE	
BX - COMM. INS - NAME AND ADDRESS						GROUP NAME & NUMBER	
SUBSCRIB/GUAR - NAME AND ADDRESS						SUBSCRIB/GUAR - EMPLOYER	
SUBSCRIB/GUAR - EMPLOYER ADDRESS						EMP. DATA	
						<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> EMP. STATUS	
						EMPLOYEE ID #	
						CHAMPUS	
						BRANCH <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> DEC <input type="checkbox"/> CHAMPVA <input type="checkbox"/> RET <input type="checkbox"/> RET <input type="checkbox"/>	
OCCURRENCE						DATE OF	
<input type="checkbox"/> AUTO <input type="checkbox"/> WORK <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME <input type="checkbox"/> ILLNESS <input type="checkbox"/> MED. EM. <input type="checkbox"/> NOT						FINCL. CLASS	
						P	
						# OF INS.	
						0	
						INS. PLANS	
						COND. CODE	
<input type="checkbox"/> RESCUE <input type="checkbox"/> W/C <input type="checkbox"/> STRETCHER <input type="checkbox"/> AMBULANCE <input type="checkbox"/> WALK <input type="checkbox"/> OTHER						CHIEF COMPLAINT	
						MVA	
						CLERKS INITIALS	

PHYSICIAN NOTES

SUBJECTIVE:	From Patient Zone - from Chest Tube Severe fracture Severe contusion Left foot for - immobility (D. 5th) Left hand for - immobility (D. 5th)	Pain Bruise Ankle Hand OK
OBJECTIVE:	Left hand for - immobility Multiple rib fractures ↓ hand consciousness Anterior limb Abs x 3 Disruption of bones CONSULTANT: (S. 1st) (D. 5th) (S. 2nd) V. 14th (D. 5th) (S. 2nd) N. 6th (V. 14th) (S. 2nd)	(D. 5th) (S. 2nd) (P. 1st) (P. 2nd) (P. 3rd)
ORDERS:	LAB - WBC 2 FU - RLC x2. Rin 2nd 2nd 2nd ET Tube	PRELIMINARY READING: <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
ASSESSMENT:	1. Multiple Trauma 2.	Disposition of Patient TIME

FOLLOW-UP CALL IN		DAYS REGARDING	
1		2	
3		4	
M/R#:		PHYSICIAN SIGNATURE	

THE MEMORIAL HOSPITAL
NORTH CONWAY, NEW HAMPSHIRE 03860-5001
PHON 603-356-5461

PATIENT
SIGNATURE

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

EMERGENCY ROOM NOTES / PROGRESS NOTES

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
[REDACTED] F 34 [REDACTED]/96 [REDACTED]/96 [REDACTED] E.R
DATE OF BIRTH: [REDACTED]/1961
PHYSICIAN: [REDACTED]

Date: [REDACTED]/96

[REDACTED] is a 34-year-old woman, a patient of [REDACTED], involved in a motor vehicle accident. She was the driver with lap and shoulder belt and air bag deployed involved in a head-on collision. The rescue squad was called. She was extricated from the vehicle and brought to the emergency department, immobilized, on a board, with a cervical collar.

On arrival in the emergency department she was unconscious, having difficulty breathing. Breath sounds were equal bilaterally, though faint. She had a scalp laceration, obvious deformity of the left femur. Pelvis appeared stable, heart was regular. She was immediately intubated by [REDACTED], CRNA. Following this, breath sounds improved and were equal bilaterally. O2 sat 100%. Two intravenous lines were started, Ringer's lactate, 1000 cc run in followed by approximately 200 cc per hour.

Consultation obtained from both [REDACTED] and [REDACTED] as there were multiple patients involved in this accident and both dealt with the initial care of this patient.

h Trauma II lab was obtained. Urethral catheter was placed, no gross hematuria.
o Nasogastric tube was placed. Patient was given diphtheria/tetanus toxoid. 3 arterial blood gasses were obtained in the course of resuscitation. An arterial line was eventually placed in the right radial artery.

X-rays obtained of the cervical spine, chest, multiple views, pelvis, left femur and left forearm. Injuries included head injury, skull fracture noted by palpation but not on x-ray, bilateral pneumothorax treated with bilateral chest tubes, fractures of left femur both intertrochanteric and distal shaft.
h Consultation obtained from [REDACTED]. Patient was placed in traction. Left ulnar fracture, patient's left forearm was splinted. Multiple right rib fractures.

DART helicopter was called. Patient was readied for transport to Hanover.

IMPRESSION
Multiple trauma.

PLAN

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

EMERGENCY ROOM NOTES / PROGRESS NOTES

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
[REDACTED] F 34 [REDACTED]/96 [REDACTED]/96 [REDACTED] E.R
DATE OF BIRTH: [REDACTED]/1961
PHYSICIAN: [REDACTED] _____

Helicopter transfer to Hanover.

[REDACTED] MD
D&T: [REDACTED]/96
CC: [REDACTED], MD
[REDACTED], MD
[REDACTED], MD
[REDACTED] MD

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

CONSULTANT'S REPORT

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
[REDACTED] [REDACTED] F 34 [REDACTED]/96 [REDACTED]/96 [REDACTED] E.R
DATE OF BIRTH: [REDACTED]/1961
PHYSICIAN: [REDACTED] MD [REDACTED]

INDICATIONS:

The patient is a 34-year-old female who presents comatose with what appears to be a dilated pupil on the left and proptosis on the left and a large laceration of the left scalp and forehead. She is on a back board without cervical collar in place. She also appears to have a right flail chest at the time of admission to the emergency department. She also has a deformed left hip and femur. The abdomen appears to be soft.

The patient's past medical history is unknown.

Review of systems is otherwise noncontributory at this time.

EMERGENCY ROOM COURSE:

The patient is intubated emergently by anesthesia. Two IVs are placed and an arterial line will be placed. Foley catheter and NG tube are placed.

The patient is recognized to have bilateral pneumothoraces by chest x-ray. Bilateral chest tubes are placed. Urine appears to be clear but is 3+ heme. Abdomen remains soft. Pelvis appears to be intact but there is a deformity of the left hip and femur. The left hip and femur are placed in traction. There is also deformity of the left wrist.

Bilateral chest tubes are placed by [REDACTED] and me, #32 placed Thora-Klex suction. The pneumothoraces are resolved. The cervical spine appears to be intact by lateral C-spine film, and the fractured skull appears to be present b skull x-ray.

The patient is prepared for transport by DART and will be ready in 5-10 minutes as DART arrives.

[REDACTED]
D&T: [REDACTED]/96

[REDACTED] MD

HOSPITAL
NH 03860

ORTHOPEDIC CONSULT

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
F 34 /96 /96 E.R
DATE OF BIRTH: /1961 PHYSICIAN
PHYSICIAN:

INDICATIONS:

The patient is a 34-year-old woman who was the driver of a northbound vehicle or in which by report crossed the divider and struck a Jeep Cherokee head on. The car was severely crushed and the patient was partially ejected from the vehicle. The patient was unconscious for a number of minutes at the scene. She was transported emergently to The Memorial Hospital.

Her injuries include but are not limited to a closed head injury, bilateral pneumothorax, left segmental femur fracture and femoral neck fracture. The patient was intubated on arrival. The patient is 3 weeks postpartum and the infant was a passenger in the front seat with a deployed air bag. By report, there was structural damage to the infant car seat.

ORTHOPEDIC INJURIES:

The patient sustained a left femoral neck and segmental femoral shaft fracture. There was a fracture of the left ulna-midshaft.

The left femoral neck and shaft fracture were stabilized with traction splint and ice was applied. A fiberglass splint was applied to the left forearm with the wrist in initial position with ice applied.

IMPRESSION:

1. Multi-trauma status post head-on MVA.
2. Left segmental femur fracture with femoral neck fracture and femoral shaft fracture.
3. Left midshaft ulnar fracture.

PLAN:

The patient is emergently being transported by DART helicopter to Center. Secondary orthopedic assessment will be completed at that time. The patient currently needs additional radiographic views of the pelvis and spine. Lateral views of the left femur, knee, elbow, forearm and wrist will also need to be done.

D&T: /96

, MD

PROGRESS NOTES

Addressograph

DATE

10/9/1

Arthur Corbett

9:58 AM

~ 31 y/o w/2 traveling Nurse
 around elevator area → heard on 1100.
 (+) LOC. Car crushed & patient pinned in
 vehicle on per EMS on scene. (+) CHIT,
 (B) pneumothorax → chest tubes. Pt in stable
 orthopedic injury.

(1) (L) segmental femur fx mid-distal 1/3
 (+) (L) femoral neck fx

(2) (L) mid shaft ulna fx.

(A) S/p mult trauma (+) segmental femur fx
 & shaft fx → fixation. Distal
 tubes (+) femoral / DP / PT Bilat.

(2) Fiberglass splint applied to (L) forearm
 must in neutral position. Ice applied to
 both (L) UE + LE. Extubated.

(3) Complete review of pt's orthopedic needs including
 cast (+) femur (+) wrist, forearm, elbow
 are still needed.

LA ORATORY RESULTS

NAME: T2 #1 Female		DOB:		CPSI ACCT #		
PHYSICIAN:				LOCATION:		
D&T Collected:		By:		D&T Completed:		
By:						
HEMATOLOGY			URINALYSIS		GENERAL CHEMISTRY	
WBC	11.1	4.8 - 10.8	Color		Glucose	76 - 115
RBC	3.94	M: 4.7 - 6.1 F: 4.2 - 5.4	Appear		BUN	3 - 23
HGB	11.6	M: 14.0 - 18.0 F: 12.0 - 16.0	Spec. Grav.	1.003 - 1.030	Creat	0.6 - 1.5
HCT	34.3	M: 42 - 52 F: 37 - 47	pH	5.0 - 8.0	Na	136 - 145
MCV	87.1	80 - 96	Glucose	negative	K	3.6 - 5.2
MCH	29.4	26 - 34	Bilirubin	negative	Cl	100 - 108
MCHC	33.8	30 - 35	Ketone	negative	CO2	21 - 32
RDW	11.9	10.5 - 14.6	Blood	negative	T BIL	0 - 1.2
PLT	354	150 - 400	Protein	negative	AST	15 - 37
MPV	6.7	6.8 - 10.6	Nitrite	negative	Alk Phos	42 - 121
Lymphs	5.0	1.2 - 3.0	Leuko	negative	LDH	100 - 190
Micros	0.5	0.3 - 0.7	URINE (Microscopic)		Calcium	8.8 - 10.5
Gran	5.4	1.2 - 6.8	RBC	negative	Phos	2.5 - 4.9
%Lymphs	45.3	17.4 - 48.2	WBC	negative	Uric Acid	M: 3.5 - 7.2 F: 2.5 - 6.0
%Monos	4.3	4.5 - 10.5	Casts	negative	T Protein	6.0 - 8.0
%Gran	50.4	43.4 - 76.2	Bacteria	negative	Albumin	3.4 - 5.0
%EOS	0.0	< 10%	Epithelial	negative	Cholesterol	< 200
%BASO	0.3	< 3%	Crystals	negative	Trig	30 - 200
SED RATE		(<20 M: 0-15/F: 0-20 >50 M: 0-20/F: 0-30)	Mucus	negative	ALT	5-40
RETIC		0.5 - 1.5	Other		GGT	M: 8-37 F: 5-24
Other			SEROLOGY		Amylase	25 - 115
			RA	negative	T4	M: 4.5 - 12.1 F: 4.8 - 13.9
			Monotest	negative	T Uptake	M: 25 - 41 F: 23 - 30
COAGULATION			HCG, Urine	negative	FTI	M: 1.4 - 3.8 F: 1.3 - 4.8
PT		10 - 14	HCG, Serum	negative	CPK	M: 35 - 222 F: 21 - 215
-INR			Other		CKMB	0 - 6
PTT		22 - 38	THERAPEUTIC DRUGS		%MB	0 - 2.2
FDP		< 10	Digoxin	0.8 - 2.0	D BIL	0-0.2
Bleeding Time		2.0 - 9.5	Dilantin	10 - 20	Alcohol	negative
Fibrinogen		200 - 400	Theophylline	10 - 20	Magnesium	1.8 - 2.4
Other			Carbamaz.	4 - 10	Other	
			Valproic Acid	50 - 100		
			Phenobarb.	15 - 40		
			Gentamicin	Peak: 40 - 80 Trough: < 2.0		
			Other			

LA DR. JERRY RESUL IS

NAME: T-2 Female Patient #1		DOB:		CPSI ACCT #	
PHYSICIAN:			LOCATION:		
D&T Collected:		By:		D&T Completed:	
By:		By:			
HEMATOLOGY		URINALYSIS		GENERAL CHEMISTRY	
WBC	4.8 - 10.8	Color	yellow	Glucose	124 76 - 115
RBC	M: 4.7 - 6.1 F: 4.2 - 5.4	Appear	clear	BUN	3 - 23
HGB	M: 14.0 - 18.0 F: 12.0 - 16.0	Spec. Grav.	1.011 1.003 - 1.030	Creat	0.6 - 1.5
HCT	M: 42 - 52 F: 37 - 47	pH	6.0 5.0 - 8.0	Na	140 136 - 145
MCV	80 - 96	Glucose	/ negative	K	3.6 3.6 - 5.2
MCH	26 - 34	Bilirubin	/ negative	Cl	108 100 - 108
MCHC	30 - 35	Ketone	/ negative	CO2	25 21 - 32
RDW	10.5 - 14.6	Blood	3+ negative	T BIL	0 - 1.2
PLT	150 - 400	Protein	2+ negative	AST	15 - 37
MPV	6.8 - 10.6	Nitrite	/ negative	Alk Phos	42 - 121
Lymphs	1.2 - 3.0	Leuko	/ negative	LDH	100 - 190
Monos	0.3 - 0.7	URINE (Microscopic)		Calcium	8.8 - 10.5
Gran	1.2 - 6.8	RBC	1 - 2 negative	Phos	2.5 - 4.9
%Lymphs	17.4 - 48.2	WBC	3 - 5 negative	Uric Acid	M: 3.5 - 7.2 F: 2.3 - 6.0
%Monos	4.5 - 10.5	Casts	2 - 3 granular negative	T Protein	6.0 - 8.0
%Gran	43.4 - 76.2	Bacteria	/ negative	Albumin	3.4 - 5.0
%EOS	< 10%	Epithelial	1+ negative	Cholesterol	< 200
%BASO	< 3%	Crystals	Hamaph negative	Trig	30 - 200
SED RATE	< 50 M: 0 - 15 F: 0 - 20 > 50 M: 0 - 20 F: 0 - 30	Mucus	/ negative	ALT	5 - 40
RETIC	0.5 - 1.5	Other	/	GGT	M: 8 - 37 F: 5 - 24
Other:		SEROLOGY		Amylase	25 - 115
		RA	negative	T4	M: 4.5 - 12.1 F: 4.8 - 13.9
		Monotest	negative	T Uptake	M: 25 - 41 F: 23 - 30
COAGULATION		HCG, Urine	negative	FTI	M: 1.4 - 3.8 F: 1.3 - 4.8
PT	10 - 14	HCG, Serum	negative	CPK	M: 25 - 252 F: 21 - 215
-INR		Other		CKMB	0 - 6
PTT	22 - 38	THERAPEUTIC DRUGS		%MB	0 - 2.2
FDP	< 10	Digoxin	0.8 - 2.0	D BIL	0 - 0.2
Bleeding Time	2.0 - 9.5	Dilantin	10 - 20	Alcohol	negative
Fibrinogen	200 - 400	Theophylline	10 - 20	Magnesium	1.8 - 2.4
Other		Carbamaz.	4 - 10	Other	
		Valproic Acid	50 - 100		
		Phenobarb.	15 - 40		
		Gentamicin	Peak: 4.0 - 10 Trough: < 2.0		
		Other			

[REDACTED] HOSPITAL
[REDACTED], NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME-----	NUMBER	SEX	AGE	ADMIT	DISC.	XRAY#	F/C	TYPE
[REDACTED]	[REDACTED]	F	34	[REDACTED]/96	[REDACTED]/96	N1584	CB	E.R.
DATE OF BIRTH:	[REDACTED]/1961	M/R#	[REDACTED]	PH#:	[REDACTED]	RM		
LOCATION:				TRANSCRIBED:	[REDACTED]/96	7:21	EH	
=> XRAY REQUEST	=			COMPLETE:	[REDACTED]/96	11:52	MS	96421
Reason:	MVA							
CHEST 1 VIEW				COMPLETE:	[REDACTED]/96	11:52	MS	96422
CHEST 1 VIEW				COMPLETE:	[REDACTED]/96	11:52	MS	96423
C-SPINE AP/LAT				COMPLETE:	[REDACTED]/96	11:52	MS	96424
PELVIS AP				COMPLETE:	[REDACTED]/96	11:52	MS	96425
FEMUR				COMPLETE:	[REDACTED]/96	11:52	MS	96426
FOREARM				COMPLETE:	[REDACTED]/96	11:52	MS	96427
PHYSICIAN:	[REDACTED]							

=====

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

=====

PORTABLE CHEST

The initial portable film is obtained off centered to the left side and low in position. There is no abnormality identified at the lung bases or perihilar regions. The cardiac silhouette is also negative. Limited detail otherwise.

PORTABLE CHEST

There are rib fractures on the right, at least involving the fourth, fifth and sixth ribs. There are bilateral pneumothoraces evident at the lung bases, separation of the pleura from the chest wall margin at those sites and there is an extension of air detailing the hemidiaphragms. There is also air outlining the cardiac silhouette. A nasogastric tube is in place with the tip beyond the anterior border of the film. An endotracheal tube is visualized at the medial clavicle level.

IMPRESSION: Endotracheal tube at the superior margins of the clavicles.
Nasogastric tube in place.
Bilateral pneumothoraces with right rib fractures, 4 through 6.

LEFT LEG

There is a segmental mid-shaft femur fracture, a long butterfly fragment at the medial margin, and mild valgus angulation without significant overlapping or displacement on the lateral view. There is also a fracture of the base of the femoral neck at the mid-trochanter level. The femoral head is not displaced. The proximal femur fracture is minimally angulated.

IMPRESSION: Fractures of the mid left trochanter and a segmental fracture of the mid-shaft of the left femur.

[REDACTED]

[REDACTED] HOSPITAL
[REDACTED], NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] [REDACTED] F 34 [REDACTED]/96 [REDACTED]/96 N1584 CB E.R.
DATE OF BIRTH: [REDACTED] 1961 M/R# [REDACTED] PH#: [REDACTED] RM

PELVIS

Fracture of the proximal femur is re-identified with no dislocation of the femoral head at the acetabulum. There is a buckle overlying a portion of the iliac bone and acetabulum. The sacral foramina are normal. The iliac wings are intact. The symphysis pubis is not widened or displaced. The right hip is negative.

IMPRESSION: Proximal left femur fracture.
Negative pelvis structures.

CHEST

There are bilateral chest tubes in position with no pneumothorax. The heart is normal size and shape. The mediastinum is not widened or shifted. The endotracheal tube is positioned with the tip at the medial superior clavicle margin. The nasogastric tube is unchanged in position. There are multiple wires and leads overlying the chest. Right rib fractures are noted at the fourth through sixth levels. There are no fractures identified to the left side. There is no sub-diaphragmatic air identified. The shoulders are in normal position, marker overlying the right humeral head.

IMPRESSION: Bilateral chest tubes in place with no pneumothorax.
Right rib fractures.
Good position of endotracheal and NG tubes.

LEFT FOREARM

Single view of the left forearm shows a transverse fracture of the mid-ulnar, off-set of the fracture margin by half the width of the shaft. The radius is negative. Alignment at the wrist and elbow is normal. There is soft tissue swelling at the site of injury.

IMPRESSION: Transverse fracture of the mid left ulnar.

LATERAL C-SPINE

Lateral C-spine film includes the skull. There is no abnormality of alignment of the C-spine on this single view, slightly rotated. The prevertebral space is normal width. There is no subluxation, straightening of the curvature attributed to back board positioning. There is a laceration and scalp defect. There is also a deep lucent groove extending from the sphenoid margins superiorly. This is in the usual location of a vascular groove, though may represent a fracture plane. A fracture is question of physical examination by the emergency report. There is no fluid within sinuses identified.

[REDACTED]

HOSPITAL
NH 03860

RADIOLOGY REPORT

NAME	NUMBER	SEX	AGE	ADMIT	DISC.	XRAY#	F/C	TYPE
		F	34	/96	/96	N1584	CB	E.R.
DATE OF BIRTH:		/1961	M/R#		PH#:			RM

IMPRESSION: Negative lateral cervical spine film.
Scalp laceration.
Parietal skull fracture versus prominent vascular groove, likely
the former correlating physical findings.

/96

M.D.

T2 Pump
Name :

Pat.Nr.:

Op.Id. :

sample :

Date: -1996

Time: 10:29

Baro 756.9 mmHg

#THb A Std 15g/dl

#Temp 98.6 °F

pH 7.598

PCO₂ 15.3 mmHg

PO₂ 418.9 mmHg

O₂sat 99.9 %

HCO₃ 14.5 mmol/l

BE - 2.2 mmol/l

AaDO₂ mmHg

#RQ 0.84 #FI02 0.21

1P Cal 10:07

pH 6.841 7.383

PCO₂ 40.2 74.9 mmHg

PO₂ 0.0 140.6 mmHg

?? THb ??

physiolog. ? pH

physiolog. ? PCO₂

physiolog. ? PO₂

input parameter

T2 Pump
Name :

Pat.Nr.: 239541

Op.Id. :

sample :

Date: -1996

Time: 09:51

Baro 757.1 mmHg

#THb A Std 15g/dl

#Temp 98.6 °F

pH 7.549

PCO₂ 20.0 mmHg

PO₂ 320.6 mmHg

O₂sat 99.9 %

HCO₃ 17.0 mmol/l

BE - 1.6 mmol/l

AaDO₂ 365.5 mmHg

#RQ 0.84 #FI02 1.00

1P Cal 09:30

pH 6.841 7.383

PCO₂ 40.2 75.0 mmHg

PO₂ 0.0 140.6 mmHg

?? THb ??

physiolog. ? pH

physiolog. ? PCO₂

physiolog. ? PO₂

input parameter

T2
Name :

Pat.Nr.:

Op.Id. :

sample :

Date: -1996

Time: 09:39

Baro 757.1 mmHg

#THb A Std 15g/dl

#Temp 98.6 °F

pH 7.303

PCO₂ 43.8 mmHg

PO₂ 110.8 mmHg

O₂sat 97.5 %

HCO₃ 21.1 mmol/l

BE - 5.0 mmol/l

AaDO₂ mmHg

#RQ 0.84 #FI02 0.21

1P Cal 09:30 100%

pH 6.841 7.383

PCO₂ 40.2 74.9 mmHg

PO₂ 0.0 140.6 mmHg

physiolog. ? pH

physiolog. ? PO₂

input parameter

DATE	NAME	DOB	ALLERGIES	PMH	MEDS	(Pg 1)	LMP
TIME	VITAL SIGNS	MEDICATION/IVS/TREATMENTS		NURSING NOTES			
0935 A		Xray ordered		deviated gaze. GCS=3.. all Dr. present.			
	↑1000cc NS EMS-	#16 ^{not run} PPV - #16 L aut.		EKG leads.			
		#14 R antecubital L.R. by [redacted]		in E.D. ↑1000cc LR			
0940		Xray here. -		intubated by T. Copsey. Good air			
		#7.5 ET tube		both sides aus by [redacted]			
		Foley in - UA sent					
0941	142/95 SaO2 100	HR 130		7.30. CO2 30 PO2 110 wheez not intub			
		Collar on.					
0944	140/72	Repeat CXR ordered. C spine		laceration noted - Left side head.			
		neck film.		L. femur rotated outward			
0946	112/72	#6 NGT ^{via mouth} inserted Dr. D. Smith		Air ausc over stom. Hooked			
0950	140/99	Pulse 98.		A suction. Good femoral pulses.			
		L. thigh & L. forearm Xray ordered.					
		ABG done		Foley draining clear yellow			
		HH 34		urine.			
0952	108/71 89	6mg Norcuron IV by T. Copsey.					
		pelvic Xray done.					
		1000cc NS absorbed. CR ↑.		[redacted] Examining palp skull.			
0956	134/84 92	7.55, PO2 20, PO2 320.		[redacted] stapling L. fore head laceration			
0957		Xray shows prew - bilat		[redacted] preparing to insert C Tube.			
0959	81	[redacted]		R. chest tube in, by [redacted] - #32			
1000		Labs back. Traction to LCR		L. chest tube in [redacted] - #40			
10:03		135/84		Both tubes taped. [redacted] R.			

TIME	VITAL SIGNS	MEDICATION/IVs/TREATMENTS	NURSING NOTES
10:05	129/90 HR 79 RR - 24. 119/60	SO ₂ 100% 76.	DART in route. ETA 17 min. 2 sec cap refill BLE. Pulse L. radial present.
10:12		(R) erron. LUE are wrapped by ██████████ .	(2) ^{colored} Gold rings removed and given to K-Shea - for L. pupil sluggish 3-4mm.
10:15	HR 72 118/64	██████████ preparing for A-line.	
<div data-bbox="1050 682 1533 779" data-label="Text">See Sheet 2</div>			
<div data-bbox="231 974 945 1039" data-label="Text">3 03 09:51:16 ██████████ 96 LEAD II SIZE 1.0 HR=93</div> <div data-bbox="168 1023 1848 1396" data-label="Figure"> </div> <div data-bbox="378 1347 483 1380" data-label="Text">P/N 804700</div>			

DATE	NAME	DOB	ALLERGIES	PMH	MEDS
		-61		Flow sheet #2 - #1 being copied	(P92) LVII
TIME	VITAL SIGNS	MEDICATION/IVs/TREATMENTS		NURSING NOTES	
10:22A	HR 76 135/81	unable to start A-line. PPV- rate 24.		Head blocks stabilized. Crew preparing pt for transport.	
10:25		A-line - R radial by [redacted]. tetanus (Rt) given.		labs drawn. abd soft. DART team here.	
10:27A				Victim's husband here at bedside.	
		P ₄₁₈ PCO ₂ 15.3 pH 7.598 RR now PPV 12.		Dart receiving report. by [redacted]. Total 1850 IV. in	
10:40A	117/81 per Dohr.			Urine Foley 200 out. [redacted] RN. Aspirate NGT 200 out [redacted] Rn.	
10:45A	154/89 HR 79	PPV @ 10 by DART. SPO ₂ 92% CO ₂ 22		R pupil 2-3mm. (L) pupil 4mm, sluggish.	
10:50A	134/84 HR 80 CO ₂ 22 SPO ₂ 99%.			Spontaneous movement R. arm.	
10:52				Dart now transporting. [redacted]	
last entry Verb from T. Capsey - Pt was given 100mg Pentathol IV followed by 100mg Anectine IV. Pt was then intubated by [redacted] Pt then given Narcuron 6mg IV by [redacted] fu					

**CALSPAN SRL
CORPORATION**
Calspan Operations



MEDICAL RELEASE

I, [REDACTED] hereby authorize
(Patient or Legal Guardian)

[REDACTED] Hospital, to release to the Accident Research Group of
(Physician or Hospital)

Calspan SRL Corporation, [REDACTED], New York, any and all information (including x-rays and
radiologists reports) pertaining to the nature and extent of injuries sustained by

[REDACTED] in a motor vehicle accident which occurred on
(Patient)

[REDACTED] 96
(Date)

I understand that this information is to be used solely for the purpose of safety research that
is sponsored by the U.S. Department of Transportation (National Highway Traffic Safety
Administration) in Washington, D.C. The study focuses on the relationship between automotive
interior design, occupant restraint systems, and occupant injuries. The name of the patient and
family will not be used to identify the materials contained in this case file.

[REDACTED] 96
(Date)

[REDACTED]
(Patient or Guardian Signature)

[REDACTED]

To: Medical Records

[REDACTED]
Fax: [REDACTED]

Pages 3, including this cover sheet.

From:

[REDACTED]

Calspan SRL Corporation

[REDACTED]
[REDACTED]
Fax: [REDACTED]

[REDACTED], 1996

Comments:

Per a discussion on this date, I'm sending you a request for a copy of the medical records for [REDACTED] as outlined in the following letter. A medical release form signed by [REDACTED] is included.

If you have any questions, please contact me at the above listed phone number.

fax

TRANSMISSION

CENTER * EMERGENCY DEPARTMENT

REGISTRATION FORM

PATIENT NAME [REDACTED] 1825 [REDACTED], NH 03860 LEG RES [REDACTED] TEL [REDACTED] 8 O R [REDACTED]		MED REC# [REDACTED] S.S# [REDACTED] DOB [REDACTED]/61 34 BIRTH PLACE [REDACTED] NH SEX FEMALE RELGN. NONE MARTL. STAT. MARRIED VET RACE WHITE OCCUPATION	DATE [REDACTED]/96 ARRIVAL TIME 11:35 ARRIVAL MODE [REDACTED] - DHART ADM. BY [REDACTED]
NEAREST RELATIVE REL SPOUSE PO BOX [REDACTED] [REDACTED] NH 03860 TEL [REDACTED] O R [REDACTED]		TRANSFERRED FROM [REDACTED] ED [REDACTED] NH 03860	
PERSON TO NOTIFY REL SPOUSE PO BOX [REDACTED] [REDACTED] NH 03860 TEL [REDACTED] O R [REDACTED]		OUTSIDE REFERRING PROVIDER [REDACTED] [REDACTED] NH 03860 TEL [REDACTED]	
		PRIMARY CARE PROVIDER [REDACTED] [REDACTED] NH 03818 TEL [REDACTED]	

DHMC REFERRING PROVIDER
NONEPATIENT EMPLOYER
[REDACTED], NH 03860

GUARANTOR NAME	RELATIONSHIP
[REDACTED], NH 03860	SELF
EMPLR NAME	
[REDACTED], NH 03860	

INSURANCE INFORMATION
[REDACTED] 312

DATE 196 1 ARRIVAL TIME 11:35202843

ARRIVAL
MODE

Dharrt

REFERRED
BY DR.TO BE
NOTIFIED☐ Y
☐ N

50 03 90 67 -9

TETANUS

WT.

LMP

NAME /61

DOB

PHONE

ALLERGIES

CHIEF COMPLAINT

MEDS

VITAL SIGNS	TIME	TEMP	PULSE/RHYTHM	RESP	BP	TIME	MEDICATION ORDER DRUG/DOSE/ROUTE/SITE	MD	RN

see trauma flow sheet

NURSE ASSESSMENT

PHYSICIAN'S NOTES

TESTS
ORDEREDTREATMENT AND
INSTRUCTIONS

DIAGNOSIS:

Mult. Trauma

CONDITION AT
DISCHARGE/
TRANSFER:☐ CRITICAL☐ FAIR☐ SAT.☐ IMPROVED☐ POOR☐ GOOD☐ SAME☐ EXPIRED

SCHEDULED F/U

DISPOSITION:

Admit via ER

NURSE SIGNATURE

PHYSICIAN SIGNATURE

REVIEW

[REDACTED] Response Team

[REDACTED] NH 03756

Flight Request: Division: DHART

A Number: 50039067-3

Req #:96-1008-A Req Date: [REDACTED]/96
Type:Helicopter Interhospital
Dispo:Patient Transported

Ref Agency:[REDACTED]
[REDACTED], NH
Ref Unit:Emergency Department
Ref MD:[REDACTED]
Loc State:NH

Rec Agency:[REDACTED]
[REDACTED], NH
Rec Unit:Emergency Department
Rec MD:[REDACTED]
Category:Trauma, Adult
Diagnosis:Multiple Trauma 959.8
Reason: Critical Care staff not avail
Mechanism: Motor Vehicle Accident

Crew 1:[REDACTED] FN03
Crew 2:[REDACTED] FP03

Pilot 1 [REDACTED]

Dispatcher:[REDACTED]
Aircraft:N652DH
AC Type:Agusta 109C-Max

Name:[REDACTED]
Addr:[REDACTED]
[REDACTED], NH 03860
SS: - - DOB [REDACTED]/61
Race: W Sex: F Age: 34 yrs.
Next of Kin:Husband

Req Date: [REDACTED]/96
Mileage: 54
Call Rcvd: 09:50 Total Miles: 111
Notify Plt: 09:51
Wx Confirm: 09:52 Elapsed Times:
Launch: 09:52 Dispatch: 1
Liftoff: 10:01 Wx Check: 1
Arrive 1: 10:25 Liftoff: 9
Depart 1:*11:03 Launch: 10
Arrive 2:*11:32 Fly to Pt: 24
Fly with Pt: 29
Other Flt: 0
Tot Leg Time: 53
On Scene: 38
Bedside: 27
Total Crew: 104
Pt Rcvd At: 11:35
In Service: 11:36
Completed: 11:36
Ar Bedside: 10:29
Dp Bedside: 10:56

Allergies:Unknown
Belongings:None
Pt Weight:130lb
CC:Open skull Fx, bilat. pneumo, pelvic Fx.

HPI:

Unrestrained driver of high speed head-on crash. Upon EMS arrival at approx. 0915, pt. presented unresponsive, unconscious, remained hemodynamically stable. Open skull Fx. L occipital region, bilateral pneumothoracis, pelvic fracture, L femur Fx., L forearm Fx. Pt. requires air transport due to need for advanced level critical care during rapid transport to tertiary neurotrauma surgical services.

PE:

Pt. found on ED cot w/ full C-spine precautions, intubated #7 ET secured w/
50039067-3 [REDACTED]

PE:.....continued

tape at 21, bilat chest tubes in place , sager splint to L femur w/15 lbs pulled. Pt. is unconscious, unresponsive to painful stimuli. Right arm moves spontaneously with no direction. No drainage noted from nose or ears. OG to suction. Pupils: R 3mm responds to light, L 4mm unresponsive. Trach mid-line, neg JVD, Bilat chest tubes to Thoraclex to suction for bilat pneumos. Abdomen soft, non-tender, foley draining clear yellow. Pelvis unstable, sager traction applied to L leg. Bilat AC large bore IV's. R radial A-line in place. Equal bilat pedal and radial pulses noted. Cap refill 3 sec.

PMHx:

None

Rx:

Pt. assessment as above. Propaq monitor, NIBP, SpO2, ETCO2, A-line maintained on pressure, not installed to Propaq. Sager splint shortened to fit in A/C. O2 continued via BV-ET, lung sounds clear = bilat, checked often, continues to bag easily. Pt. to DHART cot, straps X3, load and secured in aircraft. In flight, pt. started moving shoulders and R arm more often. norcuron and Versed as above. Ventilator applied at rate of 12, tidal volume of 600. Vitals unchanged during flight. Radio report to ED w/o orders. Unload pt hot. Paperwork and report to ED staff.

Labs:**Meds:**

Home: none

MH: pentathol, anectine, nocuron for RSI intubation

DHART: 11:07hrs. Norcuron 6 mg IVP (RK)

11:07 Versed 2 mg IVP (RK)

Vital Signs						Airway Management				
Time	BP	P	R	O2	ECO2	Time	Method	Rate	ETT	Who
11:33	135/84	98	13	100%	27%	PTA	Bag-Valve ET tube	14	7.0	
11:31	210/76	87	14	100%	26%	11:09	Ventilator	12		
11:22	140/48	88	21	100%	27%					
11:13	151/81	89	13	100%	33%					
11:11	176/100	107	22	99%	29%					
11:00	143/89	85	10	100%	25%					
10:52	134/84	74	12	100%						
10:40	154/89	87	15	94%						
10:33	127/78	82	14	100%						

Ventilator Settings							
Time	Rate	TV	FIO2	PEEP	PIP	It	Et
11:09	12	600	%	5	34		


More Vital Signs									
Time	EKG	Temp	Skin	L eye	R eye	GCS Score	RTS		
			Color Temp Moist			E V M GCS			
PTA	Normal Sinus Rhythm		Norma, Norma, Norma	3	4	1 2 3T	4T		
			Color Temp Moist			E V M GCS			


Fluid Therapy							Intake		Output	
Time	Site	Fluid	Rate	Ga.	Who	Pre	Inf	Pre	Inf	
PTA	L AC	Normal Saline	KVO	16.0		400	100.0	200	0	
PTA	R AC	Normal Saline	KVO	18.0			200			


Procedures and Supplies		Medications	
Procedures and Supplies	Who	Medication Charges	Who
Chest Tube Management		Vecuronium Bromide	FP03
Disposable Blanket		Midazolam	FP03
EKG, Three lead			
End-Tidal CO2 Detector			
PEEP valve			
Pulse Oximeter			
SaO2 sensor - disposable/A			
Spine Immobilization			
Suction			
Vent Circuit/adult			

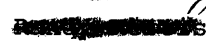
Place EKG Strip Here

SIGNATURES




, RN, BSN, CEN
Flight Nurse



, NREMT-P
Flight Paramedic

20-22"

 Medical Center <i>Jeep Cherokee</i> EMERGENCY DEPARTMENT AMBULANCE/INTER-HOSPITAL REPORT	(Addressograph)
	A#:
	Patient's Name:
	DOB:
	AGE: <i>61</i>
INITIALS:	SEX: M F

Ambulance: _____ Date: _____ Time Out: _____

Referring Facility: *45-50 mph* Accepting MD: *D.T. given*

Out to: *Air bag - inflated* *Sedated - Narco 100mg*

History/Event: *Head-on unresponsive - intubated*

(B) pnuemo #32 (R) CT

#40 (C) / pupils F+D

(C) hip/femurs - traction *Fluid 1850-in*

(C) forearm open skull - @ raccoon's eyes

Fiberglass splint

<u>MVC</u>	MEDICATIONS: _____
<input checked="" type="radio"/> Restrained/Unrestrained	ALLERGIES: _____
<input checked="" type="radio"/> Driver/Passenger	PMH: _____
Front/Back	VITAL SIGNS:
Speed:	Time _____ BP _____ HR/RHYTHM _____ RR/SAO ₂ _____
Damage:	Time _____ BP _____ HR/RHYTHM _____ RR/SAO ₂ _____
LOC: + -	

INTERVENTIONS:

16 Foley - 200 orine

O₂ _____ L CANNULA NRB

IV #1 SIZE *16 (R)* FLUID _____ RATE _____

IV #2 SIZE *14 (L)* FLUID _____ RATE _____

MEDICATIONS: _____

BACKBOARD *(C-COLLAR)* OTHER: _____

RN _____ ED ATTENDING _____

ETA _____ TRAUMA ALERT ☐ TRAUMA 9 ☐ TIME ALERT CALLED _____

CONSULTATION REQUEST/REPORT FORM

50039067-9

Requesting Physician

PAGER #

Attending Physician

FOR ADDRESSOGRAPH PLATE

Consult Requested of (Service or Specialty)

Stat ☐
Elective ☐

Within 24 hrs. ☐

Expected Discharge Date: _____

ADMITTING DIAGNOSIS: _____

REASON FOR CONSULT: 3440

S/P MVA c head injury air in (R) orbit, temporal

Blown (L) Pupil 6mm nonreactive

CT Scan c film cuts thru orbit later

CONSULT PERFORMED BY: but no coronal film 20 DATE: not clear c-spin

DOCTOR CODE: 50

Clinic Business Office ☐

DHPA ☐

CONSULTANT'S DIAGNOSIS: dilated h pupil - neurologic cause

90600 Limited ☐

90605 Intermediate ☒

90610 Extensive ☐

90620 Comprehensive ☐

90630 Complex ☐

Called to Section by: _____

Date: _____

Time: _____

CONSULTATION REPORT

Ophthalmology Consult -

History & Chart reviewed prior to exam -

Coccygosis to RUL + medial and
LUL closed - bilat. -> pt seems comatose

⊖ spontaneous extraocular movements

Intr. Chemosis of each conjunctiva

⊖ subconjunctival air

Eyes straight -> (ortho)

R pupil reacts slightly 4mm - 3mm

L pupil 6mm - nonreactive

no consensual light response

CR in RE -> absent in LE

Corneas -> normal / one

Ant. Chambers -> clear / deep one

lens -> normal one lens -> clear all over ->

For use by STAFF, FELLOWS, OR HOUSE STAFF with CONSULTATIVE PRIVILEGES.

OTHER PHYSICIANS PLEASE USE PROGRESS NOTES.

FOR FOLLOW-UP CONSULTATION - Use progress notes, and indicate level of care on goldenrod procedure sheet.

C-123 Revised 6/88

MEMORIAL HOSPITAL

NH

CONSULTATIONS

- 90600 Limited: The physician confines his service to the exam or eval. of a single organ system
- 90605 Intermediate: Exam of a given system, partial history, review and preparation of a report
- 90610 Extended: Extended eval., review, documentation, and pertinent physical
- 90620 Comprehensive: Indepth eval. requiring further investigation and/or therapeutic management
- 90630 Complex: Uncommonly performed service involving indepth eval. of a critical problem

*A consultation includes those services provided by an on-site physician whose opinion or advice is requested by another on-site physician in the eval. and/or treatment of patient illness or problem.

Fundus Exam

(R) Fundus Normal

(R) Disc myopic & no swelling

(L) Disc normal

(L) Macula normal

AT: 18 } 4:30pm.
24 }

no evidence of globe rupture or laceration - ok.
no ocular cause for dilated (L) pupil - therefore
cause is neurologic.

Recomm:

1. ophthalm. will remove CL - RE
2. E-mycin inst. qd - one to be sure eyes stay closed so they will not dry out.

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED], NH 03756
PR# MR

NAME [REDACTED] LOC ^{icu} ~~308~~
PH# REF [REDACTED]
REQUISITION# 01142904 RESIDENT

A# 50039067-9 DOB [REDACTED]/61
TRANSCRIPTIONIST AS
RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 52
INDICATION

VOLUME -
NUMBER OF FILMS - 2

DATE [REDACTED]/96

LEFT FOREARM: Images of the left forearm demonstrate plate and screw fixation of the mid shaft of the ulnar fracture which is held in anatomic alignment with good apposition of bone.

SIGNED: [REDACTED]

MEMORIAL HOSP. DEPARTMENT OF RADIOLOGY , NH 03756
PR# MR

NAME PH# REF DR LOC ICU A# 50039067-9 DOB /61
REQUISITION# 01142973RESIDENT TRANSCRIPTIONIST AS
RADIOLOGIST
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST -	NUMBER OF FILMS - 6
INDICATION	

DATE /96
CLINICAL: S/P MVC post-op.

PORTABLE LEFT FOREARM: Internal fixation with plate and screw of mid ulnar fracture. Anatomic alignment. Plaster splint in place.

PORTABLE AP PELVIS: Single projection shows an intramedullary rod and two threaded screws fixating the left intratrochanteric fracture. Femoral head remains within the acetabulum.

PORTABLE LEFT FEMUR 3 views: Intramedullary rod traverses the distal to mid comminuted femoral shaft fracture. Alignment is anatomic. Lateral projection shows a fat fluid level within the knee joint in the suprapatellar bursa.

SIGNED:

PR# MR

NAME [REDACTED] LOC ICU
PH# [REDACTED] REF [REDACTED]
REQUISITION# 01142974RESIDENT

A# 50039067-9 DOB [REDACTED]/61
TRANSCRIPTIONIST AP
RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 24
INDICATION

VOLUME -
NUMBER OF FILMS - 1

DATE [REDACTED]/96
PORTABLE CHEST [REDACTED]/96

CLINICAL DATA: Follow up.

FINDINGS: Note is again made of bilateral chest tubes, NG tube and endotracheal tube. The patient's left tension pneumothorax has decompressed implying repositioning of the chest tube which looks essentially unchanged. Multiple right sided rib fractures are again identified. No definite parenchymal contusion is seen.

SIGNED: [REDACTED]

██████████ K ██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████ NH 03756
PR# MR

NAME ██████████ LOC ICU A# 50039067-9 DOB ██████████/61
PH# REF DR ██████████ TRANSCRIPTIONIST RR5
REQUISITION# 01143134 RESIDENT ██████████ RADIOLOGIST ██████████
RAD RESIDENT ██████████

CONTRAST/RADIOPHARM - VOLUME -
TECHNOLOGIST - 72 NUMBER OF FILMS - 8
INDICATION

DATE ██████████/96
CLINICAL: Followup. Question fracture.

CT HEAD AND ORBITS: ██████████/96.

Technique - 5 mms through the posterior fossa and 10 mms to the vertex. Routine axial and coronal images through the orbits. Coronal images were reconstructed.

Compared CT to prior CT dated ██████████/96. There is a new left ventricular drain exiting the right frontal cranium with diffuse cerebral edema is unchanged. There is evidence of slight increase in attenuation in the interpeduncular cistern seen on image #9 representing subarachnoid blood. There is a decreased amount of intracranial air from prior study. There are small air collections noted along the left orbital ridge medially, anteriorly, and laterally with a small amount of air in the left frontal intracranial, extra-axial space. There is a hypodense linear defect in the mid to medial left orbital roof seen on coronal orbit images, which is suspect for a linear nondisplaced fracture of the left orbital roof. There is a moderate amount of fluid in the ethmoid air cells and a small air fluid level in the left maxillary sinus. The air collections may be secondary to small fractures of the walls of the sinuses, however, given that the coronal were reconstructed, these bones are not visualized well.

CONCLUSION:

HEAD:

1. Increase in interpeduncular cistern blood consistent with subarachnoid bleed.
2. New left ventricular drain exiting right frontal cranium.
3. Diffuse cerebral edema, unchanged.
4. Decrease in intracranial air from prior study.

ORBITS:

RIOUX, [REDACTED]

A#500390679

RS# 1143134

1. A small amount of subcutaneous air around left orbital ridge and intracranially under the right frontal bone may be secondary to small fractures of the sinus walls. Recommend direct coronal when patient can tolerate positioning.
2. Linear nondisplaced fracture of the left orbital roof.
3. Fluid in ethmoid air cells and air fluid level in left maxillary sinus.

Findings and interpretation were reviewed with [REDACTED]

##

SIGNED FOR: [REDACTED]
BY: [REDACTED]

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████ NH 03756
PR# MR

NAME ██████████ LOC ICU A# 50039067-9 DOB ██████████/61
PH# REF DR ██████████ TRANSCRIPTIONIST AS
REQUISITION# 01143450 RESIDENT RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 03	NUMBER OF FILMS - 1
INDICATION	

DATE ██████████/96
CLINICAL: Multiple trauma.

PORTABLE CHEST 0800 HOUR: 1st examination. Bilateral chest tubes are in place. The lungs are essentially clear and well expanded. No evidence of pneumothorax, pleural effusions or pulmonary contusions at this time. Cardiomedastinal silhouette is within normal limits. Multiple right-sided rib fractures are noted. There is an NG tube within the stomach. Course of the NG tube is normal.

SIGNED: ██████████

HOSP. DEPARTMENT OF RADIOLOGY , NH 03756
PR# MR

NAME ,
PH# REF DR
REQUISITION# 01143687RESIDENT

LOC ICU

A# 50039067-9 DOB /61
TRANSCRIPTIONIST AP
RADIOLOGIST
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 48
INDICATION

VOLUME -
NUMBER OF FILMS - 1

DATE /96

INDICATION: S/P central line placement.

/96 1320 HOURS PORTABLE AP FLAT CHEST

Comparison 0800 hours. There is a new left subclavian catheter, the tip of which is superimposed over the junction of the SVC and right atrium. No pneumothorax or other interval change is seen. Again demonstrated are discoid atelectasis in the left lower lobe, an endotracheal tube, NG tube and bilateral chest tubes.

SIGNED:

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED], NH 03756
PR# MR

NAME [REDACTED] LOC ICU A# 50039067-9 DOB [REDACTED]/61
PH# [REDACTED] REF DR [REDACTED] TRANSCRIPTIONIST AS
REQUISITION# 01143835 RESIDENT RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 13	NUMBER OF FILMS - 1
INDICATION	

DATE [REDACTED]/96
CLINICAL: ?pulmonary edema

PORTABLE AP FLAT CHEST 0700 HOURS: Comparison [REDACTED]/96. The left sub-clavian catheter has been pulled back about 2 cm and the tip is in good position in the SVC. No pulmonary edema or other interval change is seen. Again demonstrated are mild left lower lobe atelectasis and multiple right-sided rib fractures.

SIGNED: [REDACTED]

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████ NH 03756
PR# MR

NAME ██████████ LOC ICU A# 50039067-9 DOB ██████████/61
PH# REF DR ██████████ TRANSCRIPTIONIST TH
REQUISITION# 01144018RESIDENT RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 13	NUMBER OF FILMS - 1
INDICATION	

DATE ██████████/96
CLINICAL: F/U chest tube to water seal.

PORTABLE AP FLAT CHEST 1215 HOURS: Comparison 0700 hours. No recurrent pneumothorax or other interval change is seen. Again demonstrated are the endotracheal tube, bilateral chest tubes, left subclavian catheter, NG tube, and multiple right sided rib fractures.

SIGNED: ██████████

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████, NH 03756
PR# MR

NAME ██████████ LOC ICU A# 50039067-9 DOB ██████████/61
PH# REF DR ██████████ TRANSCRIPTIONIST TH
REQUISITION# 01144469 RESIDENT RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 13	NUMBER OF FILMS - 1
INDICATION	

DATE ██████████/96
CLINICAL: S/P right chest tube removal.

PORTABLE AP FLAT CHEST 1230 HOURS: Comparison 1045 hours. The right sided chest tube has been removed. No pneumothorax or other interval change is seen. Again demonstrated are multiple right sided rib fractures, atelectasis in the right upper and left lower lobes, an endotracheal tube, an NG tube, and a left subclavian catheter.

SIGNED FOR: ██████████
BY: ██████████

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████, NH 03756
PR# MR

NAME ██████████ LOC ICU
PH# ██████████ REF DR ██████████
REQUISITION# 01144367RESIDENT

A# 50039067-9 DOB ██████████/61
TRANSCRIPTIONIST TH
RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 13
INDICATION

VOLUME -
NUMBER OF FILMS - 1

DATE ██████████/96
CLINICAL: F/U

PORTABLE AP FLAT CHEST 1045 HOURS: Comparison ██████████. No change.

SIGNED FOR: ██████████
BY: ██████████

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED], NH 03756
PR# MR

NAME [REDACTED] LOC ICU A# 50039067-9 DOB [REDACTED]/61
PH# REF DR [REDACTED]
REQUISITION# 99009591 RESIDENT
TRANSCRIPTIONIST JM
RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 13	NUMBER OF FILMS - 1
INDICATION	

DATE [REDACTED]/96

CHEST:

Portable study dated [REDACTED]/96 at 1145 hours demonstrates an ET tube, NG tube, and left central line in place.

Patchy density in the right upper lung medially is again noted, compatible with some atelectatic or inflammatory change, and a vertical density is again noted at the left lung base in the retro-cardiac region, compatible with atelectasis.

Left chest tube has been removed without evidence of a pneumothorax.

SIGNED: [REDACTED]

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED] NH 03756
PR# MR

NAME [REDACTED] LOC ICU A# 50039067-9 DOB [REDACTED]/61
PH# REF DR [REDACTED] TRANSCRIPTIONIST JM
REQUISITION# 01144706 RESIDENT RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 13	NUMBER OF FILMS - 1
INDICATION	

DATE [REDACTED] 96

CHEST:

Portable study dated [REDACTED]/96 at 0845 hours demonstrates a cortical area of atelectasis at the left lung base, with some patchy abnormal density in the right upper lung, most compatible with pneumonia or resolving atelectasis.

ET tube, NG tube, left central line, left chest tube, and overlying cardiac leads are in place. Right chest tube has been removed.

Right rib fractures are again evident.

SIGNED: [REDACTED]

████████████████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████, NH 03756

PR# MR

NAME ██████████ LOC ICU
PH# ██████████ REF DR ██████████
REQUISITION# 99009585 RESIDENT

A# 50039067-9 DOB ██████████/61
TRANSCRIPTIONIST JM
RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 13
INDICATION

VOLUME -
NUMBER OF FILMS - 1

DATE ██████████/96

ABDOMEN

Portable supine study dated 1/15/96 demonstrates tip of a Dobhoff catheter in the region of the antrum of the stomach, and the tip of an NG tube in the region of the mid portion of the body of the stomach.

SIGNED: ██████████

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████, NH 03756
PR# MR

NAME ██████████ LOC ICU A# 50039067-9 DOB ██████████/61
PH# REF DR ██████████ TRANSCRIPTIONIST AP
REQUISITION# 99009572 RESIDENT RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 55	NUMBER OF FILMS - 1
INDICATION	

DATE ██████████/96
CHEST PORTABLE STUDY ██████████/96 1950 HOURS

Again demonstrates hazy infiltrate and/or atelectasis in the right upper lung, most compatible with a pneumonia, and a streaky density at the left lung base, compatible with atelectasis. ET tube, NG tube, left central line, and overlying cardiac leads are in place.

SIGNED: ██████████

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED] NH 03756
PR# MR

NAME [REDACTED] LOC ICU A# 50039067-9 DOB [REDACTED]/61
PH# REF [REDACTED] TRANSCRIPTIONIST AS
REQUISITION# 99009574 RESIDENT RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 42	NUMBER OF FILMS - 1
INDICATION	

DATE [REDACTED]/96

ABDOMEN: Supine study at 1145 Hours demonstrates a Dobhoff in place within the region of the descending duodenum.

SIGNED: [REDACTED]

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED], NH 03756
PR# MR

NAME [REDACTED] LOC ICU
PH# REF DR [REDACTED]
REQUISITION# 01146137 RESIDENT

A# 50039067-9 DOB [REDACTED]/61
TRANSCRIPTIONIST TH
RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 42
INDICATION

VOLUME -
NUMBER OF FILMS - 1

DATE [REDACTED]/96
CLINICAL: Intubated

PORTABLE AP SEMI-UPRIGHT CHEST 0700: Comparison [REDACTED]. There is no interval change. The lungs remain essentially clear except for a small patchy density in the right paratracheal region. There is no change in the position of the endotracheal tube, the left subclavian catheter or NG tube.

SIGNED: [REDACTED]

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████ NH 03756
PR# MR

NAME ██████████ LOC ICU A# 50039067-9 DOB ██████████/61
PH# REF DR ██████████ TRANSCRIPTIONIST AP
REQUISITION# 01148349 RESIDENT RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 15	NUMBER OF FILMS - 1
INDICATION	

DATE ██████████/96
INDICATION: Dobbhoff placement.

██████████/96 2020 HOURS PORTABLE AP FLAT ABDOMEN

Comparison ██████████. The Dobbhoff tube has been pulled back so that the tip is superimposed over the body of the stomach.

SIGNED: ██████████

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED], NH 03756
PR# MR

NAME [REDACTED] LOC ICU A# 50039067-9 DOB [REDACTED]/61
PH# REF DR [REDACTED] TRANSCRIPTIONIST AP
REQUISITION# 99009676RESIDENT RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST -	NUMBER OF FILMS - 1
INDICATION	

DATE [REDACTED]/96
INDICATION: Check Dobbhoff.

[REDACTED]/96 1330 HOURS PORTABLE AP FLAT ABDOMEN

Comparison [REDACTED]. The distal end of the Dobbhoff tube is folded back on itself, but the tip is superimposed over the 2nd portion of the duodenum. The bowel gas pattern is normal.

SIGNED FOR: [REDACTED]
BY: [REDACTED]

407

HOSP. DEPARTMENT OF RADIOLOGY HANOVER, NH 03756
PR# MR

NAME R [REDACTED] LOC ICU
PH# [REDACTED] REF DR [REDACTED]
REQUISITION# 01148764 RESIDENT

A# 50039067-9 DOB [REDACTED]/61
TRANSCRIPTIONIST JM
RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 28
INDICATION

VOLUME -
NUMBER OF FILMS -

DATE [REDACTED]/96

ULTRASOUND OF THE ABDOMEN

DATA: Elevated LFTs and Lipase.

FINDINGS: Ultrasound was performed at the patient's bedside, revealing normal liver and gallbladder without cholelithiasis. The bile ducts are not dilated. The pancreas was well visualized and the head and body are not enlarged. The tail was partially gased out. Both kidneys were visualized and appeared unremarkable. The right measured 12.3 cm. The left kidney could not be measured due to gas obscuring the lower pole.

CONCLUSION:

Normal abdominal ultrasound.
No evidence of biliary ductal dilatation or abnormal pancreas.

##

SIGNED: [REDACTED]

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████, NH 03756
PR# MR

NAME ██████████, ██████████ LOC 4WST A# 50039067-9 DOB ██████████/61
PH# ██████████ REF DR ██████████ TRANSCRIPTIONIST AP
REQUISITION# 01150889RESIDENT RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 52	NUMBER OF FILMS - 2
INDICATION	

DATE ██████████/96
INDICATION: S/P trauma.

CT HEAD

Axial unenhanced images of the brain are available. These images demonstrate small CSF attenuation extra-axial collection in the left frontal region that I think likely reflects a subdural hygroma. There is low attenuation in the right cerebellar peduncle, although without mass effect, and I suspect this is a reflection of artifact from adjacent petrous bone as it seen only in one section. There is no evidence of an extra-axial collection, and comparing the ██████████ examination to this exam, there is no significant change in the appearance of the extra-axial collection. I would comment that the ventricles appear increased in size in the interval, although without evidence of temporal horn dilatation suggesting there has been some decrease in diffuse cerebral swelling over the interval.

SIGNED: ██████████

[REDACTED] HOSPITAL

DISCHARGE SUMMARY

Adm: [REDACTED], 1996
Dis: [REDACTED], 1996

[REDACTED]
50039069-5

Attending Physician
[REDACTED]
[REDACTED]*

Discharge Diagnoses

1. S/P motor vehicle accident, restrained
2. Closed head injury
3. Seizures
4. Supraventricular tachycardia
5. Feeding difficulty

Operations and Procedures Performed: Electrophysiology study on [REDACTED]/96 which demonstrated low probability of supraventricular tachycardia recurring and no need for continued antiarrhythmic medications

Hospital Course: The patient is currently a 4 week old female who presented with head trauma secondary to motor vehicle accident at three weeks of age with visible head injury and skull fractures by x-ray and CT. The patient was cared for in the [REDACTED] Unit for one week before transfer to the ward.

1. Closed head injury

Cranial fractures were seen bilaterally with subarachnoid hemorrhage and left parietal intraparenchymal bleed by CT scan on admission; no focal neurological deficits. CT exam on the second day showed increased intracranial bleeding and possible left diffuse axonal injury. The patient developed bilateral nystagmus, disconjugate gaze and increased somnolence but was arousable, attributed to the antiepileptic medicine. On discharge, the patient remains somnolent with a mild right facial droop and right lateral nystagmus.

2. Seizures

The patient had her first seizure on the second hospital day. She was loaded and treated with Dilantin and phenobarbital. No further clinical seizures, but EEG showed subclinical epileptiform activity. Phenobarbital goal is 20-28. The level on discharge was 35, taking 13 mg b.i.d. Dilantin goal is 10-17, level on discharge was 2.3, taking 10 mg p.o. b.i.d.

3. Supraventricular tachycardia

The patient developed supraventricular tachycardia on the day of admission and treated of esmolol for two days, switched to propranolol and finally isoproterenol before stopped antiarrhythmic drugs. No supraventricular tachycardia after the first day. Electrophysiology study performed to determine the disability of her arrhythmia and determined that further episodes were unlikely, although possible. Cardiac echo was completely normal.

Adm: [REDACTED] 1996
Dis: [REDACTED], 1996

2

[REDACTED]
50039069-5

4. Feeding difficulty

Started feeding with orogastric tube on [REDACTED] and initially had poor p.o. feeding. Similac 20 kilocal per ounce with iron was added ad lib and the patient was taking adequate p.o. to discontinue OG tube by hospital day five. There was a question of diabetes insipidus on hospital nine, the day prior to discharge secondary to urine output of 8.2 cc per kilogram per hour; however, this fell to 4 to 6 cc per kilogram per hour the following day. Urine specific gravity and serum lytes were normal and diabetes insipidus was ruled out.

Discharge Medications

Phenobarbital 13 mg p.o. q. 12 hours
Dilantin 10 mg p.o. q. 12 hours

Allergies: No known drug allergies

Diet: Ad lib formula feeds

Physical Activity Guidelines: No restrictions

Arrangements for Followup Care:

1. [REDACTED], Developmental Clinic in three months
2. [REDACTED], Neurology in three weeks
3. Neurosurgery, [REDACTED], in three weeks with head CT
4. VNA to follow 2-3 hours per day

Laboratory Data Pending at Discharge: None

[REDACTED], M.D.

[REDACTED]
Dic: [REDACTED]/96
Tra: [REDACTED]/96

REGISTRATION FORM

PATIENT NAME [REDACTED] [REDACTED] [REDACTED], NH 03860 LEG. RES. [REDACTED] NH TEL [REDACTED] O R		MED REC# [REDACTED] - 5 S.S# [REDACTED] DOB [REDACTED]/96 20 DYS BIRTH PLACE [REDACTED] NH SEX FEMALE RELGN. NONE MARTL. STAT. SINGLE VET NO RACE WHITE OCCUPATION	DATE [REDACTED]/96 ARRIVAL TIME 11:34 ARRIVAL MODE HELICOPTER - DHART ADMITTED BY [REDACTED] TRANSFERRED FROM [REDACTED] ED [REDACTED] [REDACTED] NH 03860 OUTSIDE REFERRING PROVIDER [REDACTED] [REDACTED] [REDACTED] NH 03860 TEL [REDACTED] PRIMARY CARE PROVIDER [REDACTED] [REDACTED] [REDACTED] NH 03860 TEL [REDACTED]
NEAREST RELATIVE [REDACTED] REL PARENTS [REDACTED] *DAD WORK# [REDACTED] NH 03860 TEL [REDACTED] O R			
PERSON TO NOTIFY [REDACTED] REL PARENTS [REDACTED] *MOM WORK# [REDACTED] NH 03860 TEL [REDACTED] O R			

DHMC REFERRING PROVIDER NONE	
PATIENT EMPLOYER 	
GUARANTOR NAME [REDACTED] [REDACTED], NH 03860 TEL [REDACTED] O R OCCUP	RELATIONSHIP DEP CHILD EMPL# NAME [REDACTED] [REDACTED], NH 03860
INSURANCE INFORMATION [REDACTED] 312 [REDACTED]	

HOSPITAL (ER) EMERGENCY DEPT.

DATE 1/96 ARRIVAL TIME 11:30 202842

ARRIVAL MODE 1 DART

REFERRED BY DR. _____ TO BE NOTIFIED ☐ Y ☐ N

TETANUS _____ WT. _____ LMP _____

ALLERGIES _____

MEDS _____

RECORD NUMBER

50 03 90 69 -5

NAME [REDACTED] R

DOB 1/96 PHONE _____

CHIEF COMPLAINT Trauma

VITAL SIGNS	TIME	TEMP	PULSE/RHYTHM	RESP	BP	TIME	MEDICATION ORDER DRUG/DOSE/ROUTE/SITE	MD	RN

See special Vital Signs sheet

NURSE ASSESSMENT

PHYSICIAN'S NOTES

TESTS ORDERED

TREATMENT AND INSTRUCTIONS

DIAGNOSIS:

CONDITION AT DISCHARGE/TRANSFER: ☐ CRITICAL ☐ FAIR ☐ SAT. ☐ IMPROVED ☐ POOR ☐ GOOD ☐ SAME ☐ EXPIRED

SCHEDULED F/U

DISPOSITION [REDACTED] NURSE SIGNATURE [REDACTED] PHYSICIAN SIGNATURE _____ REVIEW _____

MEDICAL CENTER EMERGENCY DEPARTMENT TRAUMA FLOW SHEET

50 03 90 69 -5

DATE <u>1/96</u>	TIME OF ARRIVAL <u>1134</u>	50 03 90 69 -5			
MODE OF ARRIVAL <u>DKART</u>		R			
TRANSFERRING FACILITY	APPROX TIME OF INJURY	AGE <u>3yrs</u>	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	WT	HT
		(Addressograph)			

MECHANISM <u>MVC</u>	FOR MVC:	TIME CALLED: <u>1116</u>	<input checked="" type="checkbox"/> TRAUMA ALERT <input type="checkbox"/> TRAUMA NINJ
SAFETY DEVICES:	<input type="checkbox"/> Driver <input type="checkbox"/> Rear Pass (M) <input checked="" type="checkbox"/> FS Passenger <input type="checkbox"/> Rear Pass (R) <input type="checkbox"/> Rear Pass (L) <input type="checkbox"/> Pedestrian	E.D. TEAM	
<input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Lap Belt <input type="checkbox"/> Air Bag <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Other:		Nurse #1 <u>Carol Harvey</u> Nurse #2 <u>Carol Goodman</u> ED Attending <u>Hunt</u> ED Resident Other	

SCENE DATA		REVIEW																																		
<input type="checkbox"/> Awake <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Not Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Not Oriented <input type="checkbox"/> Unconscious <input type="checkbox"/> Responds to Verbal <input checked="" type="checkbox"/> Responds to Pain <input type="checkbox"/> No Response <input type="checkbox"/> > 20 min extrication	Treatment Airway <input type="checkbox"/> OP / NP <input type="checkbox"/> EOA <input type="checkbox"/> ET / NT O2 _____ L via _____ <input checked="" type="checkbox"/> C Collar <input type="checkbox"/> Backboard <input type="checkbox"/> Other <input type="checkbox"/> PASG <input type="checkbox"/> IV#1 <input type="checkbox"/> IV#2	<input type="checkbox"/> YES <input type="checkbox"/> NO																																		
Last Vitals BP _____ P <u>140</u> R <u>Crying</u> <input type="checkbox"/> Assisted	TRAUMA TEAM <table border="1"> <thead> <tr> <th>Name</th> <th>Called</th> <th>Arrived</th> </tr> </thead> <tbody> <tr> <td>Trauma Resident <u>Pickman</u></td> <td><u>1116</u></td> <td><u>1125</u></td> </tr> <tr> <td>Trauma Attending <u>Money</u></td> <td><u>1116</u></td> <td><u>1128</u></td> </tr> <tr> <td>Anesthesiologist</td> <td></td> <td></td> </tr> <tr> <td>Radiology Tech <u>Murphy</u></td> <td><u>1116</u></td> <td><u>1125</u></td> </tr> <tr> <td>Radiologist</td> <td></td> <td></td> </tr> <tr> <td>Social Worker / Chaplain</td> <td><u>1116</u></td> <td><u>1125</u></td> </tr> <tr> <td>Respiratory</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> </tbody> </table>			Name	Called	Arrived	Trauma Resident <u>Pickman</u>	<u>1116</u>	<u>1125</u>	Trauma Attending <u>Money</u>	<u>1116</u>	<u>1128</u>	Anesthesiologist			Radiology Tech <u>Murphy</u>	<u>1116</u>	<u>1125</u>	Radiologist			Social Worker / Chaplain	<u>1116</u>	<u>1125</u>	Respiratory			Other			Other			Other		
Name	Called	Arrived																																		
Trauma Resident <u>Pickman</u>	<u>1116</u>	<u>1125</u>																																		
Trauma Attending <u>Money</u>	<u>1116</u>	<u>1128</u>																																		
Anesthesiologist																																				
Radiology Tech <u>Murphy</u>	<u>1116</u>	<u>1125</u>																																		
Radiologist																																				
Social Worker / Chaplain	<u>1116</u>	<u>1125</u>																																		
Respiratory																																				
Other																																				
Other																																				
Other																																				

PREVIOUS HOSPITAL	AIRWAY	TREATMENT & DIAGNOSTICS		MEDICATIONS GIVEN
	<input type="checkbox"/> OP / NP <input type="checkbox"/> EOA <input type="checkbox"/> ET / NT <input checked="" type="checkbox"/> O2 _____ L <input type="checkbox"/> Assisted	<input checked="" type="checkbox"/> C Collar <input type="checkbox"/> Chest Tube <input type="checkbox"/> Initial Hg/Hct <input type="checkbox"/> Backboard <input type="checkbox"/> DPL <input type="checkbox"/> PASG <input type="checkbox"/> CT <input type="checkbox"/> IV#1 <input type="checkbox"/> C-Spine <input type="checkbox"/> CXR <input type="checkbox"/> IV#2 <input type="checkbox"/> _____ <u>in car seat</u>	_____ _____ _____ _____ _____	

Tetanus:	Allergies:
	Medications:

HISTORY Patient found in front seat & mother during MVC - mother says - Child in car seat

DHMC INITIAL ASSESSMENT - Variations from Normal Trauma Assessment Listed on Back of Trauma Flow Sheet

Airway	<u>Clear - crying</u>
Breathing	<u>good effort</u>
Circulation	<u>good color</u>
Disability	<u>none - moves well x 4</u>
Head/Neck	<u>soft towel - horse collar</u>
Chest	<u>good breath sounds below</u>
Abdomen	<u>soft</u>
Pelvis	<u>normal</u>
Extremities	<u>normal</u>
Posterior Surface	<u>normal</u>



MEDICAL CENTER

50 03 90 69 -5

CONSULTATION REQUEST / REPORT FORM

/96

REQUESTING PHYSICIAN <i>[Redacted]</i>		PAGER # <i>3130</i>
ATTENDING PHYSICIAN <i>[Redacted]</i>		
CONSULT REQUESTED OF (Service or Specialty) <i>Peds Cardiology</i>		<input checked="" type="checkbox"/> STAT <input type="checkbox"/> ELECTIVE
		<input type="checkbox"/> WITHIN 24 HRS EXPECTED DISCHARGE DATE: _____
ADMITTING DIAGNOSIS <i>Trauma - arrhythmia</i>		REASON FOR CONSULT
CONSULT PERFORMED BY <i>[Redacted]</i>	DATE <i>4/1/96</i>	DOCTOR CODE <i>22781</i>
		<input type="checkbox"/> CLINIC BUSINESS OFFICE <input type="checkbox"/> DHPA
CONSULTANT'S DIAGNOSIS <i>Supraventricular tachycardia</i>		
INITIAL CONSULTATION		FOLLOW-UP CONSULTATION
<input type="checkbox"/> Level 1 (99251) <input type="checkbox"/> Level 2 (99252) <input type="checkbox"/> Level 3 (99253) <input checked="" type="checkbox"/> Level 4 (99254) <input type="checkbox"/> Level 5 (99255)		<input type="checkbox"/> Level 1 (99261) <input type="checkbox"/> Level 2 (99262) <input type="checkbox"/> Level 3 (99263)
CALLED TO SECTION BY		DATE TIME

CONSULTATION REPORT

3 wk old previous healthy infant, term uncomplicated pregnancy, s/p MVA this AM w/ skull fracture. She was reportedly in car seat in back seat w/ restraint across chest. Stable initially but p here for few hours began having wide QRS ectopy. She has then gone into wide QRS tachycardia which is a narrow QRS tachycardia w/ a in cycle length. Has been in & out of sustained SVT for > 10. Hemodynamically stable during SVT. No evidence of SVT in past. Family hx of 0 p-dad

Exam 4.13 kg HR 157-201 RR ⁴² 77 BP 83/45
afeb or sat 22% in Rm Air

HEENT - full exam deferred - but not opening @ eye
lungs clear

CV RRR w/ S, split S₂; no @ rub, gallop
cap refill 2 sec
pulses 2+ in brachial & femoral

Abd soft 5 HxM

Neuro grossly moving all extremities not normally, but not opening @ eye; opens & moves left eye

For use by STAFF, FELLOWS, OR HOUSE STAFF with CONSULTATIVE PRIVILEGES.
OTHER PHYSICIANS PLEASE USE PROGRESS NOTES.

CONSULTATIONS

INITIAL INPATIENT CONSULTATIONS

Level 1	99251	Problem Focused History Problem Focused Examination Straightforward Medical Decision Making
Level 2	99252	Expanded Problem Focused History Expanded Problem Focused Examination Straightforward Medical Decision Making
Level 3	99253	Detailed History Detailed Examination Medical Decision Making of Low Complexity
Level 4	99254	Comprehensive History Comprehensive Examination Medical Decision Making of Moderate Complexity
Level 5	99255	Comprehensive History Comprehensive Examination Medical Decision Making of High Complexity

INITIAL CONSULTATION INCLUDES THOSE SERVICES PROVIDED BY A PHYSICIAN WHOSE OPINION OR ADVICE IS REQUESTED BY ANOTHER ON SITE PHYSICIAN IN THE EVALUATION AND/OR TREATMENT OF A PATIENT'S ILLNESS OR PROBLEM.

FOLLOW-UP INPATIENT CONSULTATIONS

Level 1	99261	Problem Focused Interval History Problem Focused Examination Medical Decision Making that is Straightforward or of Low Complexity
Level 2	99262	Expanded Problem Focused Interval History Expanded Problem Focused Examination Medical Decision Making of Moderate Complexity
Level 3	99263	Detailed Interval History Detailed Examination Medical Decision Making of High Complexity

FOLLOW-UP CONSULTATIONS ARE VISITS TO COMPLETE THE INITIAL CONSULTATION OR SUBSEQUENT CONSULTATIVE VISITS REQUESTED BY THE ATTENDING PHYSICIAN.

***A CONSULTATION INCLUDES THOSE SERVICES PROVIDED BY AN ON-SITE PHYSICIAN WHOSE OPINION OR ADVICE IS REQUESTED BY ANOTHER ON-SITE PHYSICIAN IN THE EVAL. AND/OR TREATMENT OF PATIENT ILLNESS OR PROBLEM.**

ECG rotated film; lungs clear; heart prob w/ size

ECG - initial shows narrow QRS tach \bar{c} cycle length = 196 msec
(HR = 306 bpm) \bar{c} prob retrograde P wave
not yet been able to get 12 lead ECG in NSR

rhythm strip shows initial episode of SVT \bar{c} conversion
from 8 wide QRS tach to narrow QRS tach in
rhythm.

Rhythm strips showing brief episodes of non-sustained &
sustained >30 sec episodes of SVT, & single ventricular beats; often
 \bar{c} a few wide QRS beats

ATP SVT of uncertain mechanism. Rapid (instantaneous) initiation
& offset. So far well tolerated. Non-SVT beats don't show
evidence of ventricular pre-excitation. Mechanism likely AET
involving an accessory pathway (likely concealed), ~~or~~ SA/AVT, or
A flutter.

Par. 1) echocardiography to try & determine mechanism
2) ECG to \checkmark function & anatomy - look for possible
evidence of conduction

3) \checkmark CRR



MEDICAL CENTER

50 03 90 69 -5

CONSULTATION REQUEST / REPORT FORM

REQUESTING PHYSICIAN [Redacted]		PAGER # [Redacted] 796311	R
ATTENDING PHYSICIAN [Redacted]			
CONSULT REQUESTED OF (Service or Specialty) F. Liang		<input type="checkbox"/> STAT <input type="checkbox"/> ELECTIVE	<input checked="" type="checkbox"/> WITHIN 24 HRS EXPECTED DISCHARGE DATE: [Redacted]
ADMITTING DIAGNOSIS 3 wks old male, @ skull E parietal blood new onset [Redacted]		REASON FOR CONSULT Rx	
CONSULT PERFORMED BY [Redacted]		DATE [Redacted] 1/96	DOCTOR CODE 20917
CONSULTANT'S DIAGNOSIS Sequence: Subarachnoid Hemorrhage		<input type="checkbox"/> CLINIC BUSINESS OFFICE <input type="checkbox"/> DHPA	
INITIAL CONSULTATION <input type="checkbox"/> Level 1 (99251) <input type="checkbox"/> Level 2 (99252) <input type="checkbox"/> Level 3 (99253) <input checked="" type="checkbox"/> Level 4 (99254) <input type="checkbox"/> Level 5 (99255)		FOLLOW-UP CONSULTATION <input type="checkbox"/> Level 1 (99261) <input type="checkbox"/> Level 2 (99262) <input type="checkbox"/> Level 3 (99263)	
CALLED TO SECTION BY [Redacted]		DATE	TIME

CONSULTATION REPORT

I examined [Redacted], reviewed data, discussed [Redacted] on the previous day & [Redacted] today. [Redacted] premorbid hx is not clear, as Mother is currently hospitalized & critically ill, could not deliver it to me. We have no reports of significant pre morbid illness, neurologic or otherwise. No evidence of family hx of [Redacted] according to Dad's report.

[Redacted] 1/96, was in rear facing child seat when car was hit. Mother in ICU, [Redacted] was crying, was out of car seat after accident, & was OK at the referral hospital.

1st here, 11 AM on [Redacted] 96. Rx PB & DPH (DPH first). Current levels PB 22 DPH 12. CT → subarachnoid blood along Sylvian fissure, vertex, & interhemispherically, & blood at gray white junction at occipitoparietal region < 1 cm in diam each. No hydrocephalus. Probable @ parietal ecchymosis underlying the @ parietal fx. There is also @ p-o fx. 1-2 mm [Redacted] over next 12 hrs.

Exam [Redacted] P 122 No signs of WOB breathing. HEENT: Extra cranial blood/fluid collection posteriorly; Tender. TME, OPO. Noto @. Return @.

Chest: Clear to A. [Redacted] 5 on RG on my exam at 12:10.

For use by STAFF, FELLOWS, OR HOUSE STAFF with CONSULTATIVE PRIVILEGES.
OTHER PHYSICIANS PLEASE USE PROGRESS NOTES.

CONSULTATIONS

INITIAL INPATIENT CONSULTATIONS

Level 1	99251	Problem Focused History Problem Focused Examination Straightforward Medical Decision Making
Level 2	99252	Expanded Problem Focused History Expanded Problem Focused Examination Straightforward Medical Decision Making
Level 3	99253	Detailed History Detailed Examination Medical Decision Making of Low Complexity
Level 4	99254	Comprehensive History Comprehensive Examination Medical Decision Making of Moderate Complexity
Level 5	99255	Comprehensive History Comprehensive Examination Medical Decision Making of High Complexity

INITIAL CONSULTATION INCLUDES THOSE SERVICES PROVIDED BY A PHYSICIAN WHOSE OPINION OR ADVICE IS REQUESTED BY ANOTHER ON SITE PHYSICIAN IN THE EVALUATION AND/OR TREATMENT OF A PATIENT'S ILLNESS OR PROBLEM.

FOLLOW-UP INPATIENT CONSULTATIONS

Level 1	99261	Problem Focused Interval History Problem Focused Examination Medical Decision Making that is Straightforward or of Low Complexity
Level 2	99262	Expanded Problem Focused Interval History Expanded Problem Focused Examination Medical Decision Making of Moderate Complexity
Level 3	99263	Detailed Interval History Detailed Examination Medical Decision Making of High Complexity

FOLLOW-UP CONSULTATIONS ARE VISITS TO COMPLETE THE INITIAL CONSULTATION OR SUBSEQUENT CONSULTATIVE VISITS REQUESTED BY THE ATTENDING PHYSICIAN.

*A CONSULTATION INCLUDES THOSE SERVICES PROVIDED BY AN ON-SITE PHYSICIAN WHOSE OPINION OR ADVICE IS REQUESTED BY ANOTHER ON-SITE PHYSICIAN IN THE EVAL. AND/OR TREATMENT OF PATIENT ILLNESS OR PROBLEM.

Chief: No HxM, mass or tenderness.

Shin: (other than cranial) ⊙ Jnts unl.

MS: Awake, eyes open, easily aroused.

CW: Tundi ⊙. Pupils 4 → 2 R = L. EOM full. Vestibulo-ocular lateral gaze. Cog ⊕. Corneals ✓.

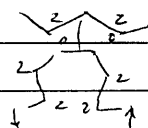
Motor: ⊙ Thumb flexed under fingers (Central thumb).

Slightly less movement of arm than spontaneous activity.

Tone unl. No clonus movements.

Sens: Aroused by pinch

Reflexes:



Impression Several seizures reported in an infant - post-traumatic SAH & parenchymal contusion (⊙ parietal) - only current abnl = ⊙ central thumb.

Rec - EEG in AM - lasting full 20 min

- If another sz witnessed, Rx = 5/kg PB & 5/kg DPH

- When Δ to oral DPH, 1 maintenance dose by 10-20%.

- Levels in 3-4 d after Δ to oral.

- Aim for PB 20-28 & DPH 10-17.

- At least 1 anticonvulsant 16 weeks

- F10 cme in 3 weeks

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████, NH 03756
PR# MR

NAME ██████████ LOC EMD A# 50039069-5 DOB ██████████/96
PH# REF DR ██████████ TRANSCRIPTIONIST AS
REQUISITION# 01142706 RESIDENT RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -	VOLUME -
TECHNOLOGIST - 48	NUMBER OF FILMS - 3
INDICATION	

DATE ██████████/96
CHEST AND ABDOMEN

CLINICAL: Trauma/MVA

Examination of the chest reveals no evidence of infiltrate or pneumothorax. Heart size is normal. No pleural fluid is detected.

Examination of the abdomen reveals that the distal tip of the nasogastric tube projects in the left upper quadrant, presumably in the stomach. Air is present in both large and small bowel, without evidence of free intra-abdominal air or obstruction.

SIGNED: ██████████

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████, NH 03756
PR# MR

NAME ██████████ LOC EMD
PH# ██████████ REF DR ██████████
REQUISITION# 01142758 RESIDENT

A# 50039069-5 DOB ██████████/96
TRANSCRIPTIONIST RR12
RADIOLOGIST ██████████
RAD RESIDENT ██████████

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 09
INDICATION

VOLUME -
NUMBER OF FILMS - 7

DATE ██████████/96
CLINICAL: MVA.

CT SCAN OF THE HEAD, ABDOMEN, AND PELVIS:

HEAD: Procedure - axial images are obtained through the brain without intravenous contrast. Findings - there are several areas of increased attenuation within the brain. Within the region of the right tentorium there is evidence of increased density secondary to subdural blood. There is also increased density present within the posterior aspect of both occipital horns consistent with subarachnoid hemorrhage. There are foci of increased density present in both the right and left parietal regions which may represent subarachnoid blood in the sulci or intraparenchymal blood. Finally, in the left parietal lobe up over the convexity there is a focus of increased density consistent with intraparenchymal blood. The bone windows demonstrate fractures of both parietal bones. The left comminuted fracture is very minimally depressed.

ABDOMEN AND PELVIS: Procedure - axial images are obtained through the abdomen and pelvis with the use of intravenous contrast. Findings - An NG tube is present within the stomach. There is no evidence of a liver or splenic laceration. The kidneys appear normal. There is no evidence of free fluid within the abdomen and pelvis.

CONCLUSION:

1. Normal abdomen and pelvis.

Films and interpretation were reviewed with ██████████

##

SIGNED: ██████████

██████████ HOSP. DEPARTMENT OF RADIOLOGY ██████████ NH 03756
PR# MR

NAME ██████████, ██████████ LOC ██████████ A# 50039069-5 DOB ██████████/96
PH# ██████████ REF ██████████ TRANSCRIPTIONIST AP
REQUISITION# 01142912 RESIDENT RADIOLOGIST ██████████
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 49
INDICATION

VOLUME -
NUMBER OF FILMS - 1

DATE ██████████/96
INDICATION: ? cardiac contour.

██████████/96 1710 HOURS PORTABLE AP FLAT CHEST

Comparison 1145 hours. The NG tube has been removed. There is no other significant interval change. In particular, the heart has a normal size and configuration. The increased density along the left upper heart border is due to thymic tissue. The lungs are clear. No pneumothorax or other abnormality is seen.

CONCLUSION:

Normal chest.

##

SIGNED FOR: ██████████
BY: ██████████

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED], NH 03756
PR# MR

NAME [REDACTED] LOC [REDACTED] A# 50039069-5 DOB [REDACTED]/96
PH# [REDACTED] REF DR [REDACTED] TRANSCRIPTIONIST AP
REQUISITION# 01142996RESIDENT RADIOLOGIST [REDACTED]
RAD RESIDENT

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 48
INDICATION

VOLUME -
NUMBER OF FILMS - 1

DATE [REDACTED]/96

INDICATION: S/P MVA with skull fractures, R/O pneumonia and effusion.

[REDACTED]/96 0940 HOURS PORTABLE AP FLAT CHEST

Comparison [REDACTED] There is a new pH probe, the tip of which is super-
imposed over the gastric fundus. There is no other interval change.
In particular, the lungs remain clear.

SIGNED FOR: [REDACTED]
BY: [REDACTED]

[REDACTED] HOSP. DEPARTMENT OF RADIOLOGY [REDACTED], NH 03756
PR# MR

NAME [REDACTED], [REDACTED] LOC [REDACTED] A# 50039069-5 DOB [REDACTED]/96
PH# [REDACTED] REF DR [REDACTED] TRANSCRIPTIONIST RR3
REQUISITION# 01142940 RESIDENT RADIOLOGIST [REDACTED]
RAD RESIDENT [REDACTED]

CONTRAST/RADIOPHARM -
TECHNOLOGIST - 26
INDICATION

VOLUME -
NUMBER OF FILMS - 2

DATE [REDACTED]/96

CLINICAL: Biparietal, left occipital fractures with parenchymal bleed. Question progression compartmentalizing.

CT SCAN OF THE HEAD - [REDACTED]/96

FINDINGS: Compared with the prior study dated [REDACTED]/96. There is no evidence of extra-axial fluid collections. There is diffuse swelling of the brain substance which has not increased since yesterday's study. There is no mass effect or midline shift seen. There is now a pseudodelta sign in the vicinity of the transverse sinus posteriorly representing a small amount of subdural blood which is increased from the prior study. There are bilateral skull fractures noted yesterday that are still apparent. There is a hypodense area lateral to the left ventricle which may represent diffuse axonal injury, not as evident on yesterday's scan. There is diffuse swelling of the brain substance with a decreased size of the ventricles slightly changed from yesterday's study. There is more evidence of subdural blood tracking along the tentorium on today's study. There is an increased amount of blood in the right lateral ventricle posterior horn. Bilateral temporal subarachnoid blood and anterior interhemispheric blood is slightly increased from yesterday's study.

CONCLUSION:

1. New evidence of diffuse axonal injury lateral to the left ventricle.
2. Slight increase in intraventricular, interhemispheric, subarachnoid and subdural bleeds.
3. No mass effect or midline shift.
4. No extra-axial fluid collections.

Films and interpretation were reviewed with [REDACTED].

##

A#500390695

RS# 1142940

SIGNED: [REDACTED]

EMERGENCY RECORD

MEMORIAL HOSPITAL 03860-5001 1-02

PATIENT NAME #4		DATE 4/96	TIME 9:52	PATIENT TYPE E	SERVICE EMR	EMERGENCY DEPT. NUMBER	
P.O. BOX - STREET ADDRESS [REDACTED]		AGE 20D	D.O.B. 1/1996	SEX F	MAR S	SEX - MAR CODE	FAMILY PHYSICIAN [REDACTED]
TOWN - STATE - ZIP CODE NH 03860		TELEPHONE [REDACTED]		DR. CODE [REDACTED]		ATTENDING PHYSICIAN [REDACTED]	
WHERE STAYING	TELEPHONE	NEXT OF KIN [REDACTED]			RELATIONSHIP MOTHER		TELEPHONE [REDACTED]
PATIENT EMPLOYER - NAME AND ADDRESS						DIAG. CODE	
BX - COMM. INS - NAME AND ADDRESS				GROUP NAME & NUMBER		CERTIFICATE #	
SUBSCRIB/GUAR - NAME AND ADDRESS				PT. REL - SUB		SUBSCRIB/GUAR - EMPLOYER	
SUBSCRIB/GUAR - EMPLOYER ADDRESS		EMP. DATA P <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>		EMP. STATUS		EMPLOYEE ID #	
						CHAMPUS BRANCH <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> DEC <input type="checkbox"/>	
						CHAMPVA RET <input type="checkbox"/> RET <input type="checkbox"/>	
OCCURRENCE <input type="checkbox"/> AUTO <input type="checkbox"/> WORK <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME <input type="checkbox"/> ILLNESS <input type="checkbox"/> MED. EM. <input type="checkbox"/> NOT		DATE OF		FINCL. CLASS P		# OF INS. 0	
<input type="checkbox"/> RESCUE <input type="checkbox"/> W/C <input type="checkbox"/> STRETCHER		CHIEF COMPLAINT		INS. PLANS		COND. CODE	
<input type="checkbox"/> AMBULANCE <input type="checkbox"/> WALK <input type="checkbox"/> OTHER						CLERKS INITIALS LEE	

PHYSICIAN NOTES

SUBJECTIVE: **FRONT STRIKE - RASH FACING - CAR STRIKE**
ADN BPO.

OBJECTIVE: **(D)**

CONSULTANT: **Worcester / TUNNEY**
BRONKHORST - GOWAN
CON STRIKE

ORDERS: LAB - **[REDACTED]** X-RAY **[REDACTED]** PRELIMINARY READING: ☐ NORMAL ☒ ABNORMAL

ASSESSMENT: 1 **SKULL FRACTURE**

DISPOSITION OF PATIENT: **Hudson → Haverhill**

FOLLOW-UP CALL IN _____ DAYS REGARDING PLAN

M/R#: 44103 PHYSICIAN SIGNATURE **[REDACTED]**

RE 03860-5001

CLERKS INITIALS	LEE
-----------------	-----

please see attached

PATIENT INSTRUCTIONS

PATIENT
SIGNATURE

DATE		DOB	ALLERGIES	PMH	MEDS	LMP
7/9/90		11/1/96				
TIME	VITAL SIGNS	MEDICATION/IVS/TREATMENTS		NURSING NOTES		
	79 60 mmHg 42 127 102 94 sat			ARRIVED / CARSEAT - LOOKED ASLEEP - MOVED 5 DISTURBING ALIGNMENT. Baby awake Lung cl bilat - shallow resp Prefers <u>left</u> head tilt		
10:15				X-ray T 36.7 / SERVO Pink at all times		
				While in x-ray - child remained awake.		
				• prepping - RN in attendance at all times - in i p - AB red w		
				admission note - child had been out of carseat at scene; in carseat on arrival to emergency room - Head & neck held in neutral position; placed on ICU - monitors on - size 22 Foley heat probe applied & Dr. Miller in to see pt - Resp over 5 resp. distressed		
				Carseat intact but carrying handle was broken - in i p		
				Fallen in at 1030 - saw child & identified child. After error &		

EMERGENCY DEPARTMENT NURSES NOTES

(rnnotes.ed8)

HOSPITAL
y, NH 03860

PROGRESS NOTES

Addressograph

DATE

3 week 0 Baby in MVA. E car seat
untitled - BR

Skull xray @ Fx

ab. appears des

ab. soft, BS(+), plus test

C spine ?

Plan: Imp Fx skull.
R/O C spine injury.

Plan: Transfer to Hitchcock - Mom
By heli.

O₂ Sat 98%
coll to be - Place.

[REDACTED] HOSPITAL
[REDACTED], NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] [REDACTED] F 20D [REDACTED]/96 [REDACTED]/96 N3092 P E.R.
DATE OF BIRTH: [REDACTED]/1996 M/R# [REDACTED] PH#: [REDACTED] RM
LOCATION: TRANSCRIBED: [REDACTED]/96 9:01 EH
=> XRAY REQUEST (= COMPLETE: [REDACTED]/96 10:55 DMB 96412
Reason: MVA
C-SPINE AP/LAT COMPLETE: [REDACTED]/96 10:55 DMB 96414
SKULL XRAY (4 VIEWS COMPLETE: [REDACTED]/96 10:55 DMB 96415
SCANOGRAM COMPLETE: [REDACTED]/96 10:56 DMB 96416
PHYSICIAN: [REDACTED]

=====

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

=====

BABYGRAM

Normal cardiothymic silhouette with no pneumothorax or suspicious asymmetry of the chest. The upper abdomen is also negative, air-filled loops of small bowel with no free-air. The visualized bony thorax is negative.

IMPRESSION: Negative chest and abdomen.

LATERAL C-SPINE

The odontoid is not fused, normal for age, though the position is questionably anterior. The prevertebral space is prominent also, though the infant may have been crying during the exposure. There are fractures of the parietal skull bilaterally, larger to the right side with question of early coronal diastasis. Films are limited to two views.

Parietal skull fractures described at the right parietal fracture is off-set by approximately 3 mms, the inferior fragment being depressed.

IMPRESSION: Bi-parietal skull fractures with question of early coronal diastasis. There is no fracture of mal-alignment identified of the cervical spine, though the position of the odontoid is not established in the midline on these limited views. The infant was transported with neck precautions.

D [REDACTED]/96

[REDACTED], M.D.

HOSPITAL
NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

EMERGENCY ROOM NOTES / PROGRESS NOTES

NAME	NUMBER	SEX	AGE	ADMIT	DISC.	MED.RECORD#	TYPE	ROOM#
[REDACTED]	230346	F	0	1/10/96	1/10/96	[REDACTED]	E.R	

DATE OF BIRTH: [REDACTED]/1996
PHYSICIAN: [REDACTED] [REDACTED]

Date: [REDACTED]/96

SUBJECTIVE:

[REDACTED] is a 20-day-old child involved in a motor vehicle accident. He was in the front seat of a vehicle in his carseat facing to the rear. It was a head-on collision at high speed. An air bag did deploy. The carseat was broken. The child was brought to the emergency room by rescue squad. Arousable though sleepy.

OBJECTIVE:

O2 sat 94%, BP 79/42, pulse 127. Breath sounds equal bilaterally. No lacerations. Heart regular. No obvious injuries. Abdomen soft, pelvis stable.

Consultation obtained from [REDACTED] Welch initially followed by [REDACTED].

Because of level of consciousness, the child was transferred to x-ray department where initial x-rays showed skull fracture, depressed. [REDACTED] was involved at this point. The mother was about to be transferred to [REDACTED] via helicopter for multiple injuries.

Arrangements were made to transfer the child with the mother in the helicopter to [REDACTED]. Neck was immobilized with a blanket. The child was placed in carseat.

[REDACTED] obtained a telephone consultation with pediatric intensive care unit at [REDACTED] regarding this patient.

IMPRESSION:

Skull fracture.

PLAN:

Helicopter transfer to [REDACTED].

[REDACTED]

[REDACTED]

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

EMERGENCY ROOM NOTES / PROGRESS NOTES

NAME	NUMBER	SEX	AGE	ADMIT	DISC.	MED.RECORD#	TYPE	ROOM#
[REDACTED]	[REDACTED]	F	0	[REDACTED]/96	[REDACTED]/96	[REDACTED]	E.R	

DATE OF BIRTH: [REDACTED]/1996
PHYSICIAN: [REDACTED] [REDACTED] [REDACTED]

D&T: [REDACTED]/96

cc: [REDACTED], MD

To: Medical Records

Fax: [REDACTED]

Pages 3, including this cover sheet.

From: [REDACTED]

Calspan SRL Corporation

Fax: [REDACTED]

[REDACTED] 1996

Comments:

Per a discussion on this date, I'm sending you a request for a copy of the medical records for [REDACTED] as outlined in the following letter. A medical release form signed by [REDACTED] is included.

If you have any questions, please contact me at the above listed phone number.

fax

T R A N S M I S S I O N

**CALSPAN SRL
CORPORATION**
Calspan Operations



MEDICAL RELEASE

I, [REDACTED] hereby authorize
(Patient or Legal Guardian)

[REDACTED] Hospital, to release to the Accident Research Group of
(Physician or Hospital)

Calspan SRL Corporation, Buffalo, New York, any and all information (including x-rays and radiologists reports) pertaining to the nature and extent of injuries sustained by

[REDACTED] in a motor vehicle accident which occurred on
(Patient)

[REDACTED] 9/6
(Date)

I understand that this information is to be used solely for the purpose of safety research that is sponsored by the U.S. Department of Transportation (National Highway Traffic Safety Administration) in Washington, D.C. The study focuses on the relationship between automotive interior design, occupant restraint systems, and occupant injuries. The name of the patient and family will not be used to identify the materials contained in this case file.





[REDACTED] 1/96
(Date)

[REDACTED SIGNATURE]
(Patient or Guardian Signature)

[REDACTED]

EMERGENCY RECORD

MEMORIAL HOSPITAL 860-5001 2-01

PATIENT NAME 		DATE 9/96	4E	PATIENT TYPE E	VICE EMR	EMERGEI	PT. NUMBER 229544
P.O. BOX - STREET ADDRESS 		AGE 33	D.O.B. /1963	SEX M	MAR M	SEX - MAR CODE	FAMILY PHYSICIAN
TOWN - STATE - ZIP CODE NH 03860		TELEPHONE		DR. CODE		ATTENDING PHYSICIAN 	
WHERE STAYING		TELEPHONE		NEXT OF KIN 		RELATIONSHIP WIFE	
PATIENT EMPLOYER - NAME AND ADDRESS						DIAG. CODE	
BX - COMM. INS - NAME AND ADDRESS				GROUP NAME & NUMBER		CERTIFICATE #	
SUBSCRIB/GUAR - NAME AND ADDRESS				PT. REL - SUB		SUBSCRIB/GUAR - EMPLOYER	
SUBSCRIB/GUAR - EMPLOYER ADDRESS		EMP. DATA P <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>		EMP. STATUS		EMPLOYEE ID #	
						CHAMPUS BRANCH <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> DEC <input type="checkbox"/>	
OCCURRENCE <input type="checkbox"/> AUTO <input type="checkbox"/> WORK <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME <input type="checkbox"/> ILLNESS <input type="checkbox"/> MED. EM. <input type="checkbox"/> NOT		DATE OF		FINCL. CLASS P		# OF INS. 0	
<input type="checkbox"/> RESCUE <input type="checkbox"/> W/C <input type="checkbox"/> STRETCHER <input type="checkbox"/> OTHER		CHIEF COMPLAINT MVA		INS. PLANS		COND. CODE	
<input type="checkbox"/> AMBULANCE <input type="checkbox"/> WALK						CLERKS INITIALS MC	

PHYSICIAN NOTES

SUBJECTIVE:

OBJECTIVE:

CONSULTANT:

ORDERS:

LAB - Trauma II
 ✓ UA - neg. dip h blood
 ✓ EKG 12 lead
 X-RAY: (5) Scapula
 CXR, C-spine, pelvis
 C-spine (T) Abd & pelvis w IV & oral contrast
 T-spine (P) hip - L & S spine

ASSESSMENT:

1

2

3

DISPOSITION OF PATIENT

TIME

FOLLOW-UP CALL IN

DAYS REGARDING

PLAN

1

2

3

4

M/R#:

PHYSICIAN SIGNATURE

MEDICAL RECORDS COPY

EMERGENCY NURSING RECORD

HOSPITAL 03860-5001

PATIENT NAME [REDACTED]		DATE [REDACTED]/96	TIME 9:50	DOB [REDACTED]/1963	SEX M	NCY DEPT. NUMBER 239544	
<input type="checkbox"/> EMERGENT <input type="checkbox"/> URGENT <input type="checkbox"/> NON-URGENT		<input type="checkbox"/> REQUESTS E.D. PHYSICIAN <input type="checkbox"/> REQUESTS OWN PHYSICIAN		<input type="checkbox"/> PERSONAL M.D. REFERS TO E.D. M.D.			
PERSONAL PHYSICIAN		ATTENDING PHYSICIAN [REDACTED]		CONSULTING PHYSICIAN			
TREATMENT IN PROGRESS ON ARRIVAL		<input type="checkbox"/> CPR <input checked="" type="checkbox"/> OXYGEN <input type="checkbox"/> AIRWAY (ORAL-NASAL) <input type="checkbox"/> EOA <input type="checkbox"/> PRESS. DSG <input type="checkbox"/> BACKBOARD <input checked="" type="checkbox"/> PHIL. COLLAR <input type="checkbox"/> MAST <input type="checkbox"/> SPLINTS: <input checked="" type="checkbox"/> OTHER: L.R. - N.S.S.					
MENTAL STATUS		<input checked="" type="checkbox"/> ALERT <input type="checkbox"/> RESPONDS TO PAINFUL STIMULUS <input type="checkbox"/> UNRESPONSIVE <input type="checkbox"/> RESPONDS TO VERBAL STIMULUS <input type="checkbox"/> CYANOTIC <input type="checkbox"/> PALE ORIENTED TO: <input checked="" type="checkbox"/> SELF <input type="checkbox"/> TIME <input type="checkbox"/> PLACE OTHER: _____ GCS: _____					
SKIN		<input checked="" type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> DIAPHORETIC <input type="checkbox"/> FLUSHED <input type="checkbox"/> JAUNDICED PUPILS: <input checked="" type="checkbox"/> EQUAL <input type="checkbox"/> UNEQUAL <input type="checkbox"/> CONstricted <input type="checkbox"/> DILATED <input checked="" type="checkbox"/> DRY					
PRE. EXIST MED. HIST.		ALLERGIES [REDACTED]		SURGERY [REDACTED]		LAST TETANUS [REDACTED]	
ALLERGIES MEDS.		CURRENT MEDICATIONS [REDACTED]		CLERKS INITIALS MC			
<input type="checkbox"/> RESCUE <input type="checkbox"/> W/C <input type="checkbox"/> WALK <input type="checkbox"/> STRETCHER <input type="checkbox"/> OTHER		CHIEF COMPLAINT MVA					
TIME	VITAL SIGNS	HISTORY PRESENTING ILLNESS (IF ACCIDENT INCLUDE: DATE, TIME, LOCATION)					
		see attached - CE					
		pt. belted / but I think it broke					
		driver involved in MVA; chest					
		hit steering wheel; does not					
		believe any LOC; moves all ext					
		ities well					
1030		seems ETOH down phosphen prep					
1035	132/96⁰²	to CT via stretcher; IV patient;					
	P+56	2 via conus @ 3 l/min - CE					
1050	140/100 P-53	c/c (yellow pain) move at' some					
		signs ready for surgery - CE					
1120	130/90⁰² P-56	exam by [REDACTED]; total 30 min					
		IV P-CE					
		needed 700 cc clear urine, neg					
MEASURES	<input type="checkbox"/> CBC <input type="checkbox"/> BUN <input type="checkbox"/> LYTES <input type="checkbox"/> ABG'S <input type="checkbox"/> OTHER: <input type="checkbox"/> UA <input type="checkbox"/> BS <input type="checkbox"/> CREAT. <input type="checkbox"/> X-RAY <input type="checkbox"/> URINE CULTURE <input type="checkbox"/> STREP SCREEN <input type="checkbox"/> URINE CHEMSTRIP <input type="checkbox"/> MONITOR <input type="checkbox"/> EKG						
FINAL DISPOSITION	MD. nls		RM.		HOME <input type="checkbox"/> OTHER:		DATE [REDACTED]/96
CONDITION ON DISCHARGE	<input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> SAME		<input type="checkbox"/> EXPIRED		PATIENT'S BELONGINGS: <input type="checkbox"/> HOME <input type="checkbox"/> WITH PATIENT <input type="checkbox"/> OTHER:		TIME 1535
INSTRUCTIONS TO PATIENT	RECEIVED AND UNDERSTOOD FOR:		<input type="checkbox"/> WOUND <input type="checkbox"/> SPRAIN		<input type="checkbox"/> HEAD <input type="checkbox"/> CAST <input type="checkbox"/> CRUTCH <input type="checkbox"/> OTHER:		HOW DISCHARGED W/C
NOTIFICATION	<input type="checkbox"/> POLICE TIME:		<input type="checkbox"/> MEDICAL EXAMINER: TIME:		<input type="checkbox"/> INFECTION CONTROL		

admit 8/8

I HAVE RECEIVED AND UNDERSTAND THE ABOVE INSTRUCTIONS

PATIENT SIGNATURE

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

HISTORY & PHYSICAL

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
[REDACTED] [REDACTED] M 33 [REDACTED] [REDACTED] E.R
DATE OF BIRTH: [REDACTED]/1963 [REDACTED] PHYSICIAN
PHYSICIAN: [REDACTED] [REDACTED]

INDICATIONS:

This is a 33-year-old white male who was involved in a high speed MVA. He apparently was the driver in a jeep. He was restrained. There was no loss of consciousness. However, there was a bent steering wheel and he was found still in the front seat at the time of emergency ambulance evaluation. There was no significant injury found at the time of evaluation. However, the patient complains of severe anterior chest pain and back pain. He also complains of right shoulder pain, left knee pain, left finger pain. There are also small lacerations of his chin which total in length to be about 2.5-cm.

SOCIAL HISTORY: He is a smoker. He has not been drinking.

ALLERGIES: None known.

MEDICATIONS: Takes no medications.

PHYSICAL EXAMINATION:

Blood pressure in the emergency room was 150/75, pulse rate about 50-60.
HEAD: Normocephalic. There is about 2.5-cm worth of lacerations on his chin and a small abrasion of the left bridge of his nose. Pupils are equal and reactive to light and accommodation. TMs are intact.
NECK: In collar initially; however, after C-spine films, found to be negative. He is uncollared. He has some mild midcervical tenderness but this seems to resolve.
CHEST: He does have anterior chest pain but no lateral chest pain. His chest appears to be clear but he refrains from breathing deeply for fear of pain of his anterior chest wall.
HEART: Regular rhythm and slow. He apparently is an exerciser.
ABDOMEN: Soft. There is no tenderness. No masses. Bowel sounds are present.
PELVIS: Appears to be intact.
SHOULDERS: Appear to be intact but he is complaining bitterly in the CAT scan of any movement of either of his arms, particularly the right, where he had some shoulder surgery previously. It should also be noted that he has had right knee surgery previously.
RECTAL: Good tone without any gross blood.
EXTREMITIES: No significant deficits. No significant lacerations or wounds.
NEUROLOGIC: Awake, alert, moving all extremities although with difficulty.
REFLEXES: Appear to be intact. His sensorium appears to be intact.

EMERGENCY ROOM PROCEDURE:

HOSPITAL
NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

HISTORY & PHYSICAL

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
----- M 33 ----- E.R
DATE OF BIRTH: 1963
PHYSICIAN: -----

Under 1% Xylocaine with epinephrine, we were able to close the laceration of the chin with 7-0 Prolene and running plastic sutures. He tolerated the procedure well.

X-rays. X-rays have been performed of the C-spine which appears to be negative. The pelvis appears to be negative. The lumbar spine appears to be negative. The chest is negative. Left shoulder also negative. I should note that CT scan of the abdomen and C-spine have also been performed and in the lower portion of the sternum, there does appear to be a significant contusion, but no actual fracture is noted.

ECG within normal limits with a sinus bradycardia.

Blood gas shows pH of 7.38, PCO2 of 42, PO2 of 244, FIO2 of 21%.

Consultation with [REDACTED] shows that he feels he has multiple trauma with a status post MVA, but he does not feel that there is any clear orthopedic injury at the time of evaluation.

ETOH negative. Hemoglobin 15, hematocrit 46 and white count is 6,900. Urinalysis is normal.

IMPRESSION:

1. Trauma with multiple contusions, the worst of which are the anterior chest wall and sternum.
2. Lacerations of the chin.

PLAN:

The patient will be admitted for Observation.

D&T: [REDACTED] /96

[REDACTED] MD

HOSPITAL
OUTPATIENT SURGICAL RECORD

Primary Care Physician

Adm

Disch

Pre-op Diagnosis:

Proposed Operation:

(Above to be filled in by Referring Physician)

Past History. Present Complaint and Indications for Procedure: 33 ym in MVA as ? retained driver in high speed MVA. \emptyset LOC. Bent steering wheel. Found still in front seat. \emptyset H/OI. \emptyset LOC. \emptyset H/OI. $\frac{1}{2}$ ant chest pain & back pain.

Previous Surgery: (R) shoulder, (L) knee, (L) finger sy.

\emptyset other hospitalizations

Allergies: NKDA

Current Medications - Steroids, other: \emptyset

Last Menstrual Period: -

Contraception: -

Review of Systems:

General Appearance: (Nutrition-Pallor)

Age: 33 WT: BP: 150/75 Pulse: 50-60 Resp: -

AAOx3

Head Eye-Ear-Nose-Throat:

small lac below chin, abrasion (L) bridge of nose.

Adenopathy Neck-Axilla-Groin:

mild mid mid cervical tenderness posteriorly

Breast:

Chest Percuss-Auscult: (EKGs - men over 40, women over 50, or younger if cardiac history or event within 6 months)

clear & (B). mild mid sternal tenderness. (L) post shoulder tenderness. BS (B) equal.

Heart Size-Murmurs:

RRR 3 wry.

Abdomen Liver-Spleen:

mild lower abd tenderness

Genitalia:

nl grossly. Rectal - good tone. \emptyset gross blood.

Extremities Bone-Joints:

nl grossly. \emptyset sensory or motor deficits

Procedure Discussed with Patient including risks:

and complications:

Date: 1/17/96

Signature of Examining Physician

Over for DIAGNOSIS and ORDERS

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

CONSULTANT'S REPORT

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
[REDACTED] [REDACTED] M 38 [REDACTED] 4/96 [REDACTED] /96 E.R
DATE OF BIRTH: [REDACTED] /1963
PHYSICIAN: [REDACTED] [REDACTED] PHYSICIAN

INDICATIONS:

Kirk is a 33-year-old white man who was the driver of Jeep Cherokee who was involved in a head-on motor vehicle accident today. He was driving south on [REDACTED] in [REDACTED]. He reports that the other vehicle came across the center divider and hit him head on.

Kirk is alert and oriented x 3. He reports that he was the belted driver of the vehicle and his fiancée was the belted passenger. The patient needed to be extricated from the Jeep to be transported to The [REDACTED] Hospital.

The patient denies loss of consciousness. The steering wheel was crushed and the windshield spidered.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY:

Left fourth finger fracture.
Left knee surgery.
Right shoulder surgery.

MEDICATIONS: None.

ALLERGIES: NKDA.

SOCIAL HISTORY: Smokes 5-10 cigarettes per day. ETOH denies.

PHYSICAL EXAMINATION:

Vital signs: BP 148/94, pulse 65, respirations 18. Afebrile.
The patient is in a rigid collar on a spine board. He is alert and oriented x 3.
Cranial nerves 2-12 are grossly intact. The patient has minimal neck discomfort and he is examined in the rigid collar.

The patient complains of left shoulder and scapular pain. There is no right upper extremity discomfort or deficit. Motor exam of the upper extremity is 5/5 for all groups tested. There is brisk capillary refill. The radial pulses are bilaterally.

The patient complains of low back pain and chest discomfort.

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

CONSULTANT'S REPORT

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
CUTLER KIRK [REDACTED] M 33 [REDACTED]/96 [REDACTED] 1/96 E.R
DATE OF BIRTH: [REDACTED]/1963 _____ PHYSICIAN _____
PHYSICIAN: [REDACTED] MD [REDACTED]

Pelvis:

There is no pain with compression or distraction. There is full range of motion of the lower extremities without deficit. Motor exam is 5/5 in all groups tested. The dorsalis pedis and posterior tibial pulses are 2 + bilaterally. Any motion of the lower extremities causes him low back pain. It is not severe.

X-RAY FINDINGS:

There is no significant fracture visible on the AP pelvis view. C-spine is currently being scanned in CT as well as the abdomen.

Recommendation:

I have recommended following x-ray diagnostic tests:

LS spine, left scapula and shoulder, right hip, and any other studies that are required based on the CT findings.

IMPRESSION:

1. Multi-trauma status post head-on MVA.
2. Secondary orthopedic assessment pending radiographic findings. [REDACTED] is managing the patient's trauma care and I will provide assistance and follow the patient as needed.

[REDACTED]
D&T: [REDACTED]/96

[REDACTED] MD

PROGRESS NOTES

Addressograph

DATE

33.10.10 WJ. Onset of MU Smith on 10 - incident in lead on MUA. Pt was present in which I needed to be alerted from JEE → EMI's to Allen Hosp ED.
 No LOC. Pt was traveling & alone. Both were hit by Stearns wheel on head.

Post. (L) left arm } MEBS: D
 (L) knee
 (R) shoulder

VS (BP) 148/94 P 65 R 16 PE: MOTA
 (L) LE + (R) UE from chest to C/O LBD & any motion of LE & Sensory intact. Vascular intact.
 DP/PT (24)

LABS: 69 171K
 H Belur - 14x
 C-Spine (L) shoulder & R hip flex are pending

(A) Multi trauma s/p head on MUA
 (P) Cont 2° assessment of C-Spine and abdomen are cleared (CT in progress)
 - obs/or per [redacted] plan

pending, No acute orthopedic pathology @ this time. →

HOSPITAL
NH 03860

OBSERVATION

PCP

PROGRESS NOTES

Addressograph

DATE

1/9/96 Adm white male from ER 1600 from MVA thru car - S chest
disinfect on moving hit steering wheel in accident - no SOB
lung clear - PVS using IS = diff - use to use it Q2 WA
tol diet reg = diff - voids = PB - IV patent - inf in pump
air in room = diff - S chest & neck disinfect - med x 1 c
good effect - neuro status stable NAE - PEARL - very
upset about being here & not being able to smoke.
Tiele applied - use to verbalize. Weel - reminded it
is important for him not to smoke at this time.

9/6 PVS. Abundant. Int. pulm. exam. Normal. Voiding good. Yellow urine. Abundant. in place.
2315 1/2 discomfort jaw, back, chest, mouth later pain "9". Lung sounds clear, 2 basal bilat
R SOB noted. x2 cm wheezes under chin noted, cultures intact, & drainage noted. IV site
Rt PIC patent, 2nd drain /idema. IVF as ordered. Cx 98% O2. P#1 - P11 comfort I & E #1 -
Med E - Lorazepam 3mg IV @ 1950. reports E effect. 1/2 mg Lorazepam "from Lorazepam". Med E - Lorazepam 1.75mg
IM in Rt dorsogluteal @ 2045. Valium 0.25mg po @ 2145. Pt reports effect of good
effect E - Lorazepam. R#1 - Conscious. E - Lorazepam plan of care.

9/6 0330 Cont G. pain Sternum → @ clavicle. Also
aches & pains in @ foot & @ thigh, lower
back & jaw. Probable muscle spasms in
lower back - given Ativan. Requesting
pain med p 2nd - given Percocet until
Demerol may be repeated. Pt is quite
reluctant to cough or DB or use IS.
Lungs sound clear, but dimin. in bases.
Equal bilat expansion. Some swelling noted
just below @ clavicle. Voiding well - urine
clear. Tol so lies well. -

PROGRESS NOTES

Addressograph

DATE

12 1 55 ██████████

(a. Hb)

1/16
730 AM

VSS

C/o diffuse tenderness 1° chest & lower back
reports he "has to go today."
"I have things I have to do."
More all activity 5 left.

Ⓐ Stollen on the night

Ⓑ ortho flr if symptoms in 5-6 hrs.

Can't take boom for TSP & food.

Care & D/C as per Dr. Titus' plan

██████████

1/16

afebrile
chest clear

C/o pain ant chest + upper

Back, BSC, Flt. Ⓐ

plan: D/C and Monitor

D/C Fed.

CXR

if OK

D/C on Mot

Perioch

Paracet:

nutra

██████████

██████████

CXR OK

/

██████████

[REDACTED] HOSPITAL
[REDACTED] NH 03860

PROGRESS NOTES

[REDACTED] Addressograph

DATE

7/196
07-10⁴⁵

discharged to home - instructed to keep chest wound clean -
CXR done - pt c/o secretion coming from @ ear - small
ant watery secretion noted ifamedel by [REDACTED] -
ear drops ordered [REDACTED]

RUN DATE 1/96
TIME 12:08

Hospital
LABORATORY DAILY RESULT LO: OR M/R FILES PAGE 42
RGRNUM

---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# PHYSICIAN E.R.
M 33 /63 ROOM: 169-B
---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
FMC /96 1138 PMP /96 0955 0000 /96 1437 /96 1437
VJ VJ

GLUCOSE	97	MG/DL	(L=76	H=115)
BUN	21	MG/DL	(L=3	H=23)
CREATININE	0.9	MG/DL	(L=0.60	H=1.50)
SODIUM	140	MEQ/L	(L=136	H=145)
POTASSIUM	4.8	MEQ/L	(L=3.60	H=5.20)
CHLORIDE	103	MEQ/L	(L=100	H=108)
CO2	30	MEQ/L	(L=21	H=32)
AMYLASE	66	U/L	(L=25	H=115)

---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
FMC /96 1139 PMP /96 0955 0000 /96 1514 /96 1514
VJ VJ

PROTEIN TOTAL	7.1	G/DL	(L=6	H=8)
ALBUMIN	4.7	G/DL	(L=3.40	H=5)
BILI TOTAL	0.3	MG/DL	(L=0	H=1.20)
ALK PHOS.	45	U/L	(L=42	H=121)
AST	24	U/L	(L=15	H=37)
ALT	32	U/L	(L=5	H=40)
LDH	171	U/L	(L=100	H=190)
GGT	24	U/L	(L=8	H=37)

---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
FMC /96 1139 PMP /96 0955 0000 /96 1439 /96 1439
VJ VJ

CPK 275 H U/L (L=35 H=232)

---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
FMC /96 1139 PMP /96 0955 0000 /96 1156 /96 1157
VJ VJ

ETHANOL-mg/dl NONE DETECTED (NORMAL: NONE DETECTED)

---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
FMC /96 1138 PMP /96 0955 0000 /96 1206 /96 1005
JH JH

WBC	6.9	K/uL	(L=4.80	H=10.80)
RBC	5.01	M/uL	(L=4.70	H=6.10)
HGB	15.9	G/DL	(L=14	H=18)
HCT	46.4	%	(L=42	H=52)
MCV	92.6	FL	(L=80	H=96)
MCH	31.7	PG	(L=26	H=34)
MCHC	34.3	%	(L=30	H=35)
RDW	11.7	%	(L=10.50	H=14.60)
PLT	171	K/uL	(L=150	H=400)
MPV	9.4	FL	(L=6.80	H=10.60)

---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# PHYSICIAN 239544 E.R.
M 33 /63 ROOM: 169-B

RUN DATE 12/1/96
TIME 12:08

Hospital
LABORATORY DAILY RESULT LOC OR M/R FILES PAGE 43
RGRNUM

---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# PHYSICIAN E.R.
M 33 /63 /96 ROOM: 169-B
---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
FMC /96 1140 PMP /96 0955 0000 /96 1232 /96 1232
VJ VJ

PROTIME 11.5 SEC (L=11 H=13)
-INR 0.9

PTT 29 SEC (L=26 H=34)

---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
FMC /96 1139 PT /96 1201 0000 /96 1219 /96 1219
VJ VJ

URINALYSIS

DIPSTICK URINE

TEST	RESULT	REFERENCE RANGE
Color	yellow	(yellow)
Turbidity	clear	(clear)
Spec gravity	1.011	(1.003 - 1.030)
PH	6.0	(5.0 - 8.0)
Glucose	neg	(neg)
Bilirubin	neg	(neg)
Ketones	neg	(neg)
Blood	neg	(neg)
Protein	neg	(neg)
Nitrite	neg	(neg)
Leukocytes	neg	(neg)

URINALYSIS MICROSCOPIC

TEST	RESULT	REFERENCE RANGE
RBC/hpf	none	(none)
WBC/hpf	0-1	(none)
Casts/lpf	none	(none)
Bacteria	neg	(neg)
Epithelial	neg	(neg)
Crystals	neg	(neg)
Mucus	neg	(neg)

---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
FMC /96 1139 PMP /96 0955 0000 /96 1527 /96 1527
VJ VJ

ABO O
Rho(D) POS
ANTIBODY SCRIN NEGATIVE (NORMAL=NEGATIVE)

---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# PHYSICIAN 239544 E.R.
M 33 /63 /96 ROOM: 169-B

[REDACTED] HOSPITAL
[REDACTED], NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] [REDACTED] M 33 [REDACTED]/96 [REDACTED]/96 N973 P E.R.
DATE OF BIRTH: [REDACTED]/1963 M/R# [REDACTED] PH#: [REDACTED] RM 169-B
LOCATION: TRANSCRIBED: [REDACTED]/96 8:16 mb
=> XRAY REQUEST (= COMPLETE: [REDACTED]/96 10:04 [REDACTED] 96517
Reason: FOLLOW UP MVA
CHEST 2 VIEW COMPLETE: [REDACTED]/96 10:04 [REDACTED] 96537
PHYSICIAN: [REDACTED]

=====

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

=====

TWO VIEWS OF THE CHEST

Normal heart size and shape. Normal mediastinum with no widening or shift.
Retrosternal space is clear. Lungs are well-expanded with no contusion,
pneumothorax, or effusion. There is no abnormality of the bony thorax
identified, a metal staple at the right shoulder from a previous surgery.

IMPRESSION: Negative chest.

D: [REDACTED]/96

[REDACTED]
[REDACTED] M.D.

[REDACTED] HOSPITAL
[REDACTED], NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME-----	NUMBER	SEX	AGE	ADMIT	DISC.	XRAY#	F/C	TYPE
[REDACTED]	[REDACTED]	M	33	[REDACTED]/96		N973	P	E.R.
DATE OF BIRTH:	[REDACTED]/1963	M/R#	[REDACTED]		PH#:	[REDACTED]	72	RM 169-B
LOCATION:					TRANSCRIBED:	[REDACTED]/96	7:52	mb
=> XRAY REQUEST (<=					COMPLETE:	[REDACTED]/96	12:04	96417
Reason: MVA								
=> CT REQUEST (<=					COMPLETE:	[REDACTED]/96	12:05	96418
Reason: MVA								
CHEST 1 VIEW					COMPLETE:	[REDACTED]/96	12:04	96428
C-SPINE MIN 4 VIEWS					COMPLETE:	[REDACTED]/96	12:05	96429
L-S SPINE AP & LAT					COMPLETE:	[REDACTED]/96	12:05	96430
PELVIS AP					COMPLETE:	[REDACTED]/96	12:05	96431
HIP - COMPLETE AP, LAT					COMPLETE:	[REDACTED]/96	12:05	96432
SCAPULA					COMPLETE:	[REDACTED]/96	12:05	96433
CT C-SPINE W/O CONTRAST					COMPLETE:	[REDACTED]/96	12:06	96434
CT ABDOMEN & PELVIS W/CONTRAST					COMPLETE:	[REDACTED]/96	12:06	96435
CT CONTRAST CHARGES					COMPLETE:	[REDACTED]/96	12:06	96436
MEDRAD CT TRI-PAK					COMPLETE:	[REDACTED]/96	12:06	96437
PHYSICIAN: [REDACTED]								

=====

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

=====

CT OF THE CERVICAL SPINE

Due to the question of malalignment at C2 on the lateral plain film, CT was performed to evaluate the craniocervical junction and the C1-C2 levels. The head is rotated to the left with a consequent rotation of the craniocervical junction. There is no significant subluxation or displacement. No fracture line is identified. The cervical canal and foramen magnum are negative.

IMPRESSION: Rotation of the head to the left. No fracture.

CT OF THE ABDOMEN AND PELVIS

Multiple axial scans of the abdomen and pelvis were performed with intravenous and a small volume of oral contrast. The examination is complicated somewhat by the patient's arm artifact on the right obscuring details of the liver. There are congestive changes at both lung bases with no pleural effusion or pneumothorax. There is not contusion or laceration defect of the liver or spleen demonstrated. Both kidneys are normal in size and shape with normal enhancement. The psoas margins are negative. There is no free air in the abdomen and no free fluid is identified in the abdomen or pelvis. The bladder is normal in contour and the ureters are normal diameter. There is a question of mild soft-tissue prominence in the retrosternal space, small hematoma or sternal injury not excluded on this study. There is also low attenuation in the region of the head of the pancreas and duodenum. This is likely due to fluid within the duodenum, no clearly separated from the pancreas due to the small volume of oral contrast. A contusion of the bowel wall or the pancreas is a

██████████ HOSPITAL
██████████, NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
██████████ ██████████ M 33 ██████████/96 N973 P E.R.
DATE OF BIRTH: ██████████/1963 M/R# ██████████ PH#: ██████████ RM 169-B

consideration.

IMPRESSION: No liver or spleen abnormality identified. Artifact from the right arm obscuring some detail to that side. Negative kidneys. Basilar lung congestion with no hemothorax or pneumothorax. Question of retrosternal soft-tissue prominence injury at this level not excluded. There is also low attenuation and some prominence in the region of the head of the pancreas and transverse segment of the duodenum, no clearly separated due to the small volume of oral contrast. Contusion of the duodenum or pancreas is a consideration though unlikely on this study. There is no free fluid or free air in the abdomen.

LEFT SCAPULA

There is a normal left scapula contour. The humeral head is in internal rotation on all views, posterior dislocation not excluded on this study, though it is not suspected. The rib margin is negative. The mid-and distal-clavicle show no abnormality. The humeral head appears to overlies the glenoid on the wide view, nondisplaced.

IMPRESSION; No fracture or alignment abnormality identified, views limited to internal rotation.

CERVICAL SPINE

There is no fracture or alignment defect identified, the head tilted to the left. Odontoid is intact. The lateral masses are slightly shifted to the left, attributed to the position of the head, not asymmetric. There is no fracture demonstrated.

IMPRESSION: No fracture identified, head tilted to the left.

LUMBAR SPINE

A limited assessment of the L1-L2 segments on the lateral view. No fracture of L3 through L5. The alignment is also normal with maintenance of disk space intervals. On the frontal film there is no end plate depression or irregularity identified. The pedicles are normal. Transverse processes are also negative. There is contract within the kidneys and the bladder from earlier CT study. A small volume of oral contrast is also noted. Bowel pattern is unremarkable.

IMPRESSION; No fracture identified, limited assessment of the thoracolumbar junction and L1-L2 segments, however.

ADDENDUM

██████████ HOSPITAL
██████████, NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
██████████ ██████████ M 33 ██████████/96 N973 F E.R.
DATE OF BIRTH: ██████████ 1/1963 M/R# ██████████ PH#: ██████████ 2 RM 169-B

There is an additional cross-table film obtained of the upper lumbar spine, now identifying normal contours of the thoracolumbar vertebral segments, and no fracture at L1 or L2.

IMPRESSION; Negative lumbar films.

PELVIS

Both femoral has are in normal position at the acetabula. The symphysis pubis is normal in width and position. The sacroiliac joints are symmetric. The iliac wings are intact, no fracture identified.

IMPRESSION; Negative study. No fracture.

RIGHT HIP

Separate films of the right hip, including a cross-table lateral view, show normal femoral neck and intertrochanteric line with no displacement of the joint. There is no fracture identified.

IMPRESSION: Negative right hip films.

CHEST

The mediastinum is not widened or shifted. The film is obtained supine. The heart is normal in size and shape. No lung contusion, pneumothorax, or pleural fluid is identified. No abnormality of the bony thorax demonstrated. Rib detail films not submitted.

IMPRESSION; Negative supine chest.

THORACIC SPINE

There is no widening of the paraspinous soft tissue line. There is no compression level or thoracic vertebral fracture identified. The interpediculate distance is normal. End plates are smooth and continuous at all levels.

IMPRESSION; No fracture identified.

PORTABLE CHEST

There is a minor angulation of the lateral right 8th rib, no a fracture or cortical offset appreciated. The heart is projectionally enlarged with no

[REDACTED] HOSPITAL
[REDACTED] NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] [REDACTED] M 33 [REDACTED]/96 N973 P E.R.
DATE OF BIRTH: [REDACTED]/1963 M/R# [REDACTED] PH#: [REDACTED] RM 169-B

widening of the mediastinum or apical capping. There is no pneumothorax or
contusion appreciated. The films was obtained on the backboard with artifacts
from clothing and buckles, etc.

IMPRESSION: Negative portable study, limited view.

D: [REDACTED]/96

[REDACTED]
[REDACTED] M.D.

HOSPITAL
NH 03860

---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# PHYSICIAN E.R.
M 33 /63 /96

---PROCEDURE--- ARTERIAL BLOOD GAS ORDER #
--ORDERED-- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED--
/96 1125 /96 1126 0000 /96 1126 /96 1125
RBS RBS RBS RBS

{ PUNCTURE SITE R_RAD
{ #PUNCTURES 1
[Baro mmHg]
[Temp]
[pH 7.39 (L=7.35 H=7.45)]
[PCO2 42.4 mmHg (L=35 H=45)]
[PO2 244.5 H mmHg (L=80 H=100)]
[O2 SAT 100 %]
[HCO3 24.8 mmol/l (L=22 H=26)]
[BE 0.1 mmol/l (L=-2 H=2)]
[AaDO2 mmHg]
[RQ]
{ FIO2 100%_NRM
{ ALLEN TEST OK
{ ASEPTIC TECH YES
[HELD FOR 10 min.]
{ ADV REACTION NONE

TIME ORDERED 1000
TIME DRAWN 1000
TIME RECEIVED 1000
TIME ANALYZED 1004
TIME REPORTED 1010
DRAWN BY
ANALYZED BY

ID: [REDACTED]

-1996

12:52:07

[REDACTED] HOSPITAL

[REDACTED] 1963

Male Caucasian

Room: ER

Vent. rate 53 bpm
PR interval 128 ms
QRS duration 80 ms
QT/QTc 438/411 ms
P-R-T axes 53 25 42

Sinus bradycardia
Otherwise normal ECG

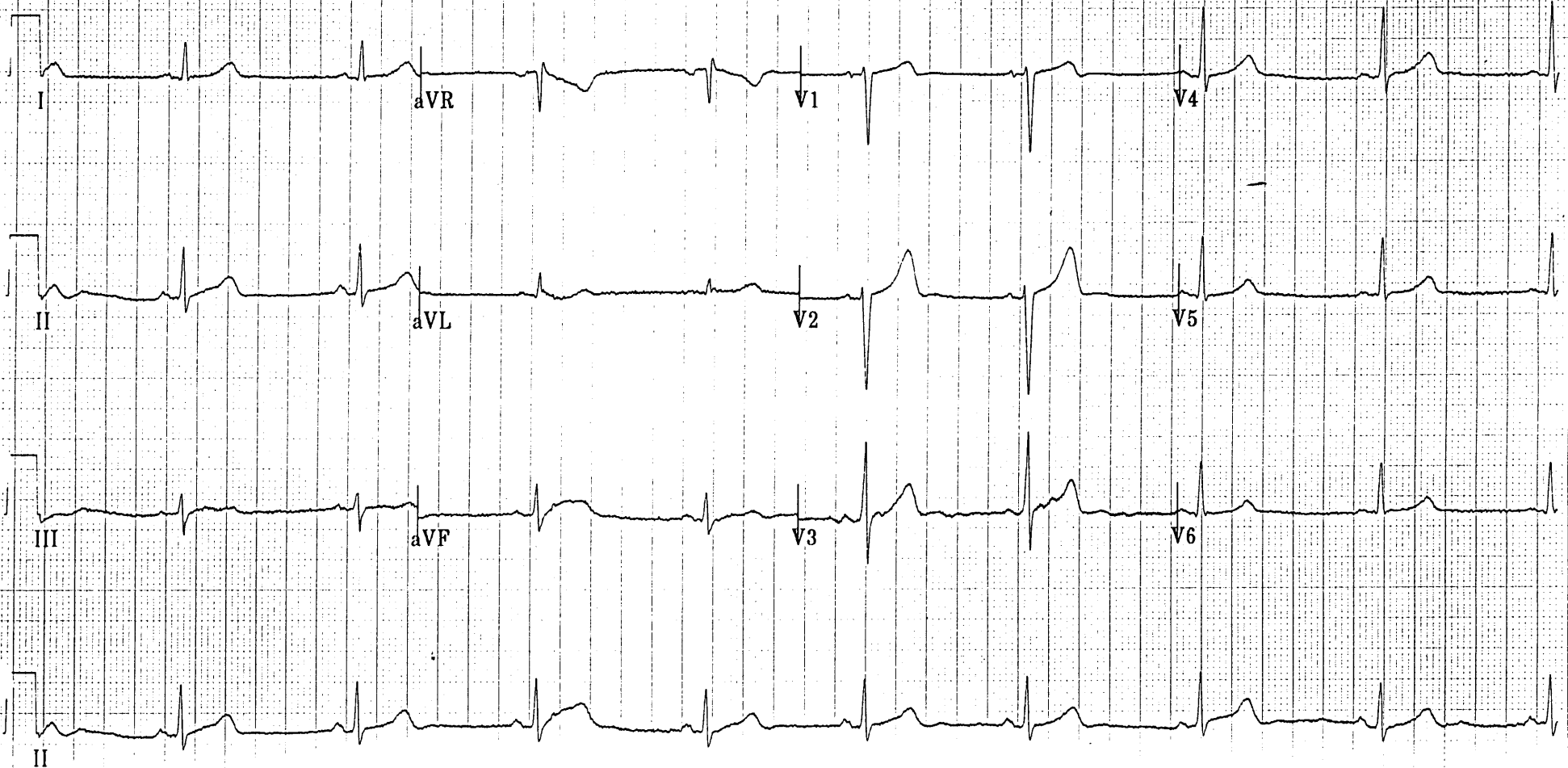
Technician: RS RCP RRT
Test ind: TRAUMA

PRIOR EKG: NONE

IN/OUT PT: OP

Referred by: [REDACTED]

Unconfirmed



ID: [REDACTED] -1996 7:03:26

1963
Male Caucasian
Room: 169B

Vent. rate 55 bpm
PR interval 110 ms
QRS duration 78 ms
QT/QTc 428/409 ms
P-R-T axes 37 19 36

Sinus bradycardia with short PR
Otherwise normal ECG

No change from yesterday
[REDACTED]

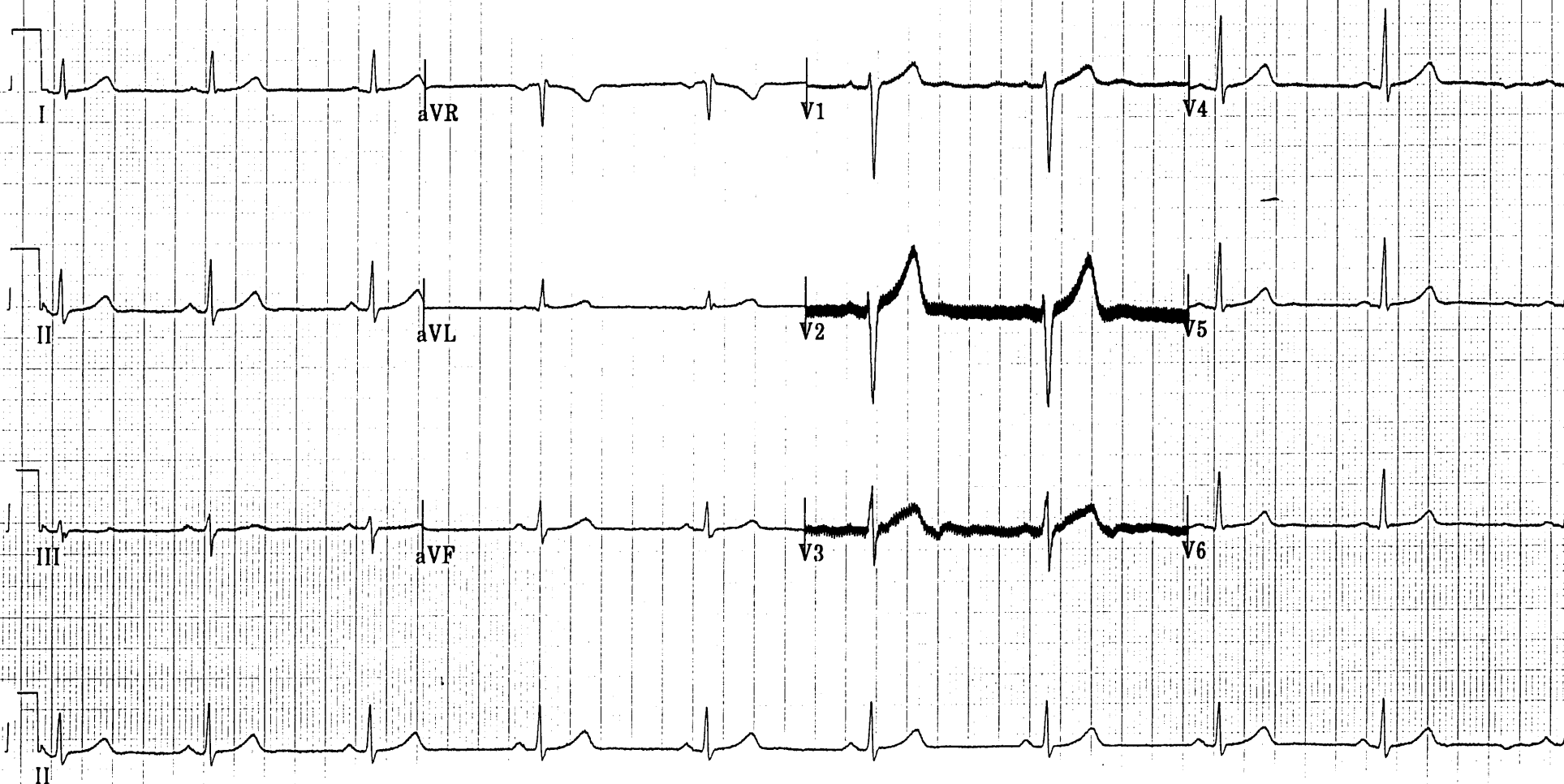
Technician: RS RCP RRT
Test ind: AM EKG

Referred by: [REDACTED]

Unconfirmed

PRIOR EKG: YES

IN/OUT PT: IN



(rnnotes.cd8)

LABORATORY RESULTS

NAME: [REDACTED]		DOB: [REDACTED]		CPSI ACCT # [REDACTED]	
PHYSICIAN: [REDACTED]			LOCATION: [REDACTED]		
D&T Collected: [REDACTED]		By: [REDACTED]		D&T Completed: [REDACTED]	
By: [REDACTED]		By: [REDACTED]			
HEMATOLOGY		URINALYSIS		GENERAL CHEMISTRY	
WBC	6.9	4.8 - 10.8	Color		Glucose
RBC	5.01	M: 4.7 - 6.1 F: 4.2 - 5.4	Appear		BUN
HGB	15.9	M: 14.0 - 18.0 F: 12.0 - 16.0	Spec. Grav.	1.003 - 1.030	Creat
HCT	46.4	M: 42 - 52 F: 37 - 47	pH	5.0 - 8.0	Na
MCV	92.6	80 - 96	Glucose	negative	K
MCH	31.7	26 - 34	Bilirubin	negative	Cl
MCHC	34.3	30 - 35	Ketone	negative	CO2
RDW	11.7	10.5 - 14.6	Blood	negative	T BIL
PLT	171	150 - 400	Protein	negative	AST
MPV	9.4	6.8 - 10.6	Nitrite	negative	Alk Phos
Lymphs	2.1	1.2 - 3.0	Leuko	negative	LDH
Monos	0.6	0.3 - 0.7	URINE (Microscopic)		Calcium
Gran	4.2	1.2 - 6.8	RBC	negative	Phos
%Lymphs	30.4	17.4 - 48.2	WBC	negative	Uric Acid
%Monos	8.0	4.5 - 10.5	Casts	negative	T Protein
%Gran	61.6	43.4 - 76.2	Bacteria	negative	Albumin
%EOS	<	< 10%	Epithelial	negative	Cholesterol
%BASO	<	< 3%	Crystals	negative	Trig
SED RATE		< 50 M: 0-15 F: 0-20 < 50 F: 0-20 M: 0-30	Mucus	negative	ALT
RETIC		0.5 - 1.5	Other		GGT
Other			SEROLOGY		Amylase
			RA	negative	T4
			Monotest	negative	T Uptake
COAGULATION		HCG, Urine	negative	FTI	
PT	10 - 14	HCG, Serum	negative	CPK	
-INR		Other		CKMB	
PTT	22 - 38	THERAPEUTIC DRUGS		%MB	
FDP	< 10	Digoxin	0.8 - 2.0	D BIL	
Bleeding Time	2.0 - 9.5	Dilantin	10 - 20	Alcohol	negative
Fibrinogen	200 - 400	Theophylline	10 - 20	Magnesium	1.8 - 2.4
Other		Carbamaz.	4 - 10	Other	
		Valproic Acid	50 - 100		
		Phenobarb.	15 - 40		
		Gentamicin	5 - 10		
		Other			

LABORATORY RESULTS

NAME: <u>Patient #3 T-smale</u>		DOB: _____		CPSI ACCT # _____	
PHYSICIAN: <u>[REDACTED]</u>			LOCATION: _____		
D&T Collected: _____		By: _____		D&T Completed: _____	
By: _____		By: _____			

HEMATOLOGY			URINALYSIS			GENERAL CHEMISTRY		
WBC	4.8 - 10.8		Color			Glucose	97	76 - 115
RBC	M: 4.7 - 6.1 F: 4.2 - 5.4		Appear			BUN		3 - 23
HGB	M: 14.0 - 18.0 F: 12.0 - 16.0		Spec. Grav.	1.003 - 1.030		Creat		0.6 - 1.5
HCT	M: 42 - 52 F: 37 - 47		pH	5.0 - 8.0		Na	140	136 - 145
MCV	80 - 96		Glucose	negative		K	4.8	3.6 - 5.2
MCH	26 - 34		Bilirubin	negative		Cl	103	100 - 108
MCHC	30 - 35		Ketone	negative		CO2	30	21 - 32
RDW	10.5 - 14.6		Blood	negative		T BIL		0 - 1.2
PLT	150 - 400		Protein	negative		AST		15 - 37
MPV	6.8 - 10.6		Nitrite	negative		Alk Phos		42 - 121
Lymphs	1.2 - 3.0		Leuko	negative		LDH		100 - 190
Micros	0.3 - 0.7		URINE (Microscopic)			Calcium		8.8 - 10.5
Gran	1.2 - 6.8		RBC	negative		Phos		2.5 - 4.9
%Lymphs	17.4 - 48.2		WBC	negative		Uric Acid		M: 3.5 - 7.2 F: 2.5 - 6.0
%Mones	4.5 - 10.5		Casts	negative		T Protein		6.0 - 8.0
%Gran	43.4 - 76.2		Bacteria	negative		Albumin		3.4 - 5.0
%EOS	< 10%		Epithelial	negative		Cholesterol		< 200
%BASO	< 3%		Crystals	negative		Trig		30 - 200
SED RATE	(< 40 M: 0-15/F: 0-20 (> 50 M: 0-20/F: 0-30)		Mucus	negative		ALT		5-40
RETIC	0.5 - 1.5		Other			GGT		M: 8-37 F: 5-24
Other:			SEROLOGY			Amylase		25 - 115
			RA	negative		T4		M: 4.5 - 12.1 F: 4.8 - 12.9
			Monotest	negative		T Uptake		M: 25 - 41 F: 23 - 30
COAGULATION			HCG, Urine	negative		FTI		M: 1.4 - 3.8 F: 1.3 - 4.6
PT	10 - 14		HCG, Serum	negative		CPK		M: 35 - 222 F: 21 - 215
-INR			Other			CKMB		0 - 6
PTT	22 - 38		THERAPEUTIC DRUGS			%MB		0 - 2.2
FDP	< 10		Digoxin	0.8 - 2.0		D BIL		0-0.2
Bleeding Time	2.0 - 9.5		Dilantin	10 - 20		Alcohol	negative	negative
Fibrinogen	200 - 400		Theophylline	10 - 20		Magnesium		1.8 - 2.4
Other			Carbamaz.	4 - 10		Other		
			Valproic Acid	50 - 100				
			Phenobarb.	15 - 40				
			Gentamicin	Peri: 40 - 80 Trough: < 2.0				
			Other					

OUT-PATIENT

HOSPITAL
NEW HAMPSHIRE 03860-5001

PATIENT NAME		DATE	TIME	PATIENT TY.	SERVICE	OPD NUMBER
		/96	9:49	O/P	O/P	
P.O. BOX-STREET ADDRESS		AGE	D.O.B.	SEX	MAR	FAMILY PHYSICIAN
		33	/1963	M	M	
TOWN-STATE-ZIP CODE		TELEPHONE		DR. CODE	REQUESTING PHYSICIAN	
NH 03860						
WHERE STAYING	TELEPHONE	NEXT OF KIN			RELATIONSHIP	TELEPHONE
					WIFE	
PATIENT EMPLOYER-NAME AND ADDRESS					DIAG. CODE	
BX-COMM. INS.-NAME AND ADDRESS					GROUP NAME & NUMBER	CERTIFICATE #
SUBSCRIB/GUAR-NAME AND ADDRESS					PT. REL-SUB	SUBSCRIB/GUAR-EMPLOYER
SUBSCRIB/GUAR-EMPLOYER ADDRESS		EMP. DATA	EMP. STATUS	EMPLOYEE ID #	CHAMPUS	CHAMPVA
		P S F M			ACT RET DEC	RET DEC
					BRANCH	
OCCURANCE		DATE OF		FINCL CLASS	# OF INS.	INS. PLANS
<input type="checkbox"/> Auto <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> CRIME <input type="checkbox"/> ILLNESS <input type="checkbox"/> MED. EM. <input type="checkbox"/> Not				P	0	
DEPT.	CHIEF COMPLAINT					CLERKS INITIALS
	SP MVA					

M/R#:

HOSPITAL
NH 03860

RADIOLOGY REPORT

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] M 33 [REDACTED]/96 [REDACTED]/96 N973 P O/P
DATE OF BIRTH: [REDACTED]/1963 M/R# [REDACTED] PH#: [REDACTED] RM
LOCATION: [REDACTED] TRANSCRIBED: [REDACTED]/96 11:53 [REDACTED]
=> XRAY REQUEST <= [REDACTED] COMPLETE: [REDACTED]/96 10:53 [REDACTED] 97925
Reason: S/P MVA
STERNUM COMPLETE: [REDACTED]/96 10:53 [REDACTED] 97935
PHYSICIAN: [REDACTED]

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

STERNUM:

There is a normal sternomanubrial junction. The cortical lines of the sternum are smooth and intact with no fracture or cortical off-set identified. The retrosternal space is clear.

IMPRESSION: No sternal fracture demonstrated.

d/ [REDACTED]/96

OUT-PATIENT

HOSPITAL
NEW HAMPSHIRE 03860-5001

PATIENT NAME		DATE	TIME	PATIENT TYPE	SERVICE	OPD NUMBER
		1996	19:47	O/P	O/P	
P.O. BOX-STREET ADDRESS		AGE	D.O.B.	SEX	MAR	FAMILY PHYSICIAN
		33	1963	M	M	
TOWN-STATE-ZIP CODE		TELEPHONE		DR. CODE	REQUESTING PHYSICIAN	
NH 03860						
WHERE STAYING	TELEPHONE	NEXT OF KIN			RELATIONSHIP	TELEPHONE
		WIFE				
PATIENT EMPLOYER-NAME AND ADDRESS					DIAG. CODE	
BX-COMM. INS.-NAME AND ADDRESS					GROUP NAME & NUMBER	CERTIFICATE #
SUBSCRIB/GUAR-NAME AND ADDRESS					PT. REL-SUB	SUBSCRIB/GUAR-EMPLOYER
SUBSCRIB/GUAR-EMPLOYER ADDRESS		EMP. DATA P <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	EMP. STATUS	EMPLOYEE ID #	CHAMPUS BRANCH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHAMPVA RET DEC <input type="checkbox"/> <input type="checkbox"/>
OCCURANCE		DATE OF		FINCL CLASS	# OF INS.	INS. PLANS
<input type="checkbox"/> Auto <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> CRIME <input type="checkbox"/> ILLNESS <input type="checkbox"/> MED. EM. <input type="checkbox"/> Not				P	0	
DEPT.	CHIEF COMPLAINT					CLERKS INITIALS
	S/P MVA					GFG

M/R#:

[REDACTED] HOSPITAL

[REDACTED], NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] [REDACTED] M 33 [REDACTED]/96 [REDACTED]/96 N973 P O/P
DATE OF BIRTH: [REDACTED]/1963 M/R# [REDACTED] PH#: [REDACTED] RM
LOCATION: TRANSCRIBED: [REDACTED]/96 11:12 [REDACTED]
=> XRAY REQUEST (= COMPLETE: [REDACTED]/96 20:08 [REDACTED] 97214
Reason: S/P MVA
C-SPINE AP/LAT COMPLETE: [REDACTED]/96 20:10 [REDACTED] 97215
PHYSICIAN: [REDACTED]

=====

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

=====

CERVICAL SPINE, FLEXION AND EXTENSION:

Flexion and extension views supplement the standard series of [REDACTED]/96. There is no prevertebral soft tissue swelling. There is no subluxation or spondylolisthesis identified. The spinolaminar line is smooth. Disc spaces are well maintained. There is no fracture line identified.

IMPRESSION: Negative flexion and extension views.

d/ [REDACTED]/96

[REDACTED]

[REDACTED]

EMERGENCY RECORD

03860-5001

2-02

PATIENT NAME [REDACTED]		DATE [REDACTED]/[REDACTED]	TIME 9:50	PATIENT TYPE E	SERVICE EMR	EMERGENCY DEPT. NUMBER [REDACTED]	
P.O. BOX - STREET ADDRESS [REDACTED]		AGE 33	D.O.B. [REDACTED]/1963	SEX F	MAR [REDACTED]	SEX-MAR CODE [REDACTED]	
TOWN - STATE - ZIP CODE [REDACTED] NH 03860		TELEPHONE [REDACTED]		DR. CODE [REDACTED]		ATTENDING PHYSICIAN [REDACTED]	
WHERE STAYING [REDACTED]		TELEPHONE [REDACTED]		NEXT OF KIN [REDACTED]		RELATIONSHIP FIANCE [REDACTED]	
PATIENT EMPLOYER - NAME AND ADDRESS [REDACTED]						DIAG. CODE [REDACTED]	
BX - COMM. INS - NAME AND ADDRESS MCARD O/P [REDACTED] NH 03306				GROUP NAME & NUMBER [REDACTED]		CERTIFICATE # [REDACTED]	
SUBSCRIB/GUAR - NAME AND ADDRESS [REDACTED] NH 03860				PT. REL - SUB SELF		SUBSCRIB/GUAR - EMPLOYER [REDACTED]	
SUBSCRIB/GUAR - EMPLOYER ADDRESS [REDACTED]				EMP. DATA P <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>		EMP. STATUS [REDACTED]	
				EMPLOYEE ID # [REDACTED]		CHAMPUS [REDACTED]	
				CHAMPUS BRANCH <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> DEC <input type="checkbox"/>		CHAMPVA RET <input type="checkbox"/> RET <input type="checkbox"/>	
OCCURRENCE <input type="checkbox"/> AUTO <input type="checkbox"/> WORK <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME <input type="checkbox"/> ILLNESS <input type="checkbox"/> MED. EM. <input type="checkbox"/> NOT				DATE OF [REDACTED]		FINCL. CLASS XB	
				# OF INS. 1		INS. PLANS XB	
<input type="checkbox"/> RESCUE <input type="checkbox"/> W/C <input type="checkbox"/> STRETCHER				CHIEF COMPLAINT [REDACTED]		COND. CODE [REDACTED]	
<input type="checkbox"/> AMBULANCE <input type="checkbox"/> WALK <input type="checkbox"/> OTHER						CLERKS INITIALS [REDACTED]	

PHYSICIAN NOTES

SUBJECTIVE:

OBJECTIVE:

CONSULTANT:

ORDERS:

LAB -

wine sent
TRAUMA II

X-RAY -

✓ chest.
C-spine
T-spine
L-spine

PRELIMINARY
READING:

☒ NORMAL
☐ ABNORMAL

ASSESSMENT:

MVA.
multiple contusions

DISPOSITION OF PATIENT

TIME

FOLLOW-UP CALL IN

PLAN

DAYS REGARDING

admit/mother 400-600y No 946 PPRN
may F.U. to me - please call [REDACTED]

PHYSICIAN
SIGNATURE

H/R#:

MEDICAL RECORDS COPY

HOSPITAL
E 03860-5001

[illegible]

PATIENT INSTRUCTIONS

- 1) Advil / Motrin 400-600mg as needed
- 2) May follow up with [redacted] - please call for apt.
- 3) Call Dr. Andersons office for follow up

I HAVE RECEIVED AND UNDERSTAND
THE ABOVE INSTRUCTIONS

PATIENT
SIGNATURE

LABORATORY RESULTS

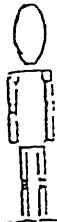
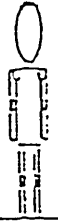
NAME: [REDACTED]		DOB: PT # [REDACTED]		CPSI ACCT #	
PHYSICIAN: [REDACTED]		4		LOCATION:	
D&T Collected:		By:		D&T Completed:	
By:		By:			

HEMATOLOGY			URINALYSIS			GENERAL CHEMISTRY		
WBC	4.8 - 10.8		Color			Glucose	104	76 - 115
RBC	M: 4.7 - 6.1 F: 4.2 - 5.4		Appear			BUN		3 - 23
HGB	M: 14.0 - 18.0 F: 12.0 - 16.0		Spec. Grav.	1.003 - 1.030		Creat		0.6 - 1.5
HCT	M: 42 - 52 F: 37 - 47		pH	5.0 - 8.0		Na	138	136 - 145
MCV	80 - 96		Glucose	negative		K	4.1	3.6 - 5.2
MCH	26 - 34		Bilirubin	negative		Cl	105	100 - 108
MCHC	30 - 35		Ketone	negative		CO2	26	21 - 32
RDW	10.5 - 14.6		Blood	negative		T BIL		0 - 1.2
PLT	150 - 400		Protein	negative		AST		15 - 37
MPV	6.8 - 10.6		Nitrite	negative		Alk Phos		42 - 121
Lymphs	1.2 - 3.0		Leuko	negative		LDH		100 - 190
Monos	0.3 - 0.7		URINE (Microscopic)			Calcium		8.8 - 10.5
Gran	1.2 - 6.8		RBC	negative		Phos		2.5 - 4.9
%Lymphs	17.4 - 48.2		WBC	negative		Uric Acid		M: 3.5 - 7.2 F: 2.3 - 6.0
%Monos	4.5 - 10.5		Casts	negative		T Protein		6.0 - 8.0
%Gran	43.4 - 76.2		Bacteria	negative		Albumin		3.4 - 5.0
%EOS	< 10%		Epithelial	negative		Cholesterol		< 200
%BASO	< 3%		Crystals	negative		Trig		30 - 200
SED RATE	(40 M: 0-15/F: 0-20) (50 Y: 0-20/F: 0-30)		Mucus	negative		ALT		5-40
RETIC	0.5 - 1.5		Other			GGT		M: 8-37 F: 5-24
Other			SEROLOGY			Amylase		25 - 115
			RA	negative		T4		M: 43 - 121 F: 48 - 139
			Monotest	negative		T Uptake		M: 25 - 41 F: 23 - 40
COAGULATION			HCG, Urine	negative		FTI		M: 1.4 - 3.8 F: 1.3 - 4.8
PT	10 - 14		HCG, Serum	negative		CPK		M: 25 - 252 F: 21 - 215
-INR			Other			CKMB		0 - 6
PTT	22 - 38		THERAPEUTIC DRUGS			%MB		0 - 2.2
FDP	< 10		Digoxin	0.8 - 2.0		D BIL		0-0.2
Bleeding Time	2.0 - 9.5		Dilantin	10 - 20		Alcohol	negative	negative
Fibrinogen	200 - 400		Theophylline	10 - 20		Magnesium		1.8 - 2.4
Other			Carbamaz.	4 - 10		Other		
			Valproic Acid	50 - 100				
			Phenobarb.	15 - 40				
			Gentamicin	Pow: 10 - 50 Cryst: < 25				
			Other					

LABORATORY RESULTS

NAME: [REDACTED]			DOB: [REDACTED]		CPSI ACCT #	
PHYSICIAN: [REDACTED]				LOCATION:		
D&T Collected:		By:		D&T Completed:		By:

HEMATOLOGY			URINALYSIS		GENERAL CHEMISTRY	
WBC	8.0	4.8 - 10.8	Color		Glucose	76 - 115
RBC	4.82	M: 4.7 - 6.1 F: 4.2 - 5.4	Appear		BUN	3 - 23
HGB	14.9	M: 14.0 - 18.0 F: 12.0 - 16.0	Spec. Grav.	1.003 - 1.030	Creat	0.6 - 1.5
HCT	42.9	M: 42 - 52 F: 37 - 47	pH	5.0 - 8.0	Na	136 - 145
MCV	89.1	80 - 96	Glucose	negative	K	3.6 - 5.2
MCH	30.9	26 - 34	Bilirubin	negative	Cl	100 - 108
MCHC	34.7	30 - 35	Ketone	negative	CO2	21 - 32
RDW	11.1	10.5 - 14.6	Blood	negative	T BIL	0 - 1.2
PLT	308	150 - 400	Protein	negative	AST	15 - 37
MPV	6.9	6.8 - 10.6	Nitrite	negative	Alk Phos	42 - 121
Lymphs	2.6	1.2 - 3.0	Leuko	negative	LDH	100 - 190
Monos	0.5	0.3 - 0.7	URINE (Microscopic)		Calcium	8.8 - 10.5
Gran	4.9	1.2 - 6.8	RBC	negative	Phos	2.5 - 4.9
%Lymphs	32.2	17.4 - 48.2	WBC	negative	Uric Acid	M: 3.5 - 7.2 F: 2.5 - 6.0
%Monos	6.1	4.5 - 10.5	Casts	negative	T Protein	6.0 - 8.0
%Gran	61.7	43.4 - 76.2	Bacteria	negative	Albumin	3.4 - 5.0
%EOS	6	< 10%	Epithelial	negative	Cholesterol	< 200
%BASO	6	< 3%	Crystals	negative	Trig	30 - 200
SED RATE		(<50 M: 0-15/F: 0-20 (>50 F: 0-20/F: 0-30)	Mucus	negative	ALT	5-40
RETIC		0.5 - 1.5	Other		GGT	M: 8-37 F: 5-24
Other:			SEROLOGY		Amylase	25 - 115
			RA	negative	T4	M: 4.5 - 12.1 F: 4.8 - 12.9
			Monotest	negative	T Uptake	M: 25 - 41 F: 23 - 40
COAGULATION			HCG, Urine	negative	FTI	M: 1.4 - 3.8 F: 1.3 - 4.8
PT		10 - 14	HCG, Serum	negative	CPK	M: 25 - 222 F: 21 - 215
-INR			Other		CKMB	0 - 6
PTT		22 - 38	THERAPEUTIC DRUGS		%MB	0 - 2.2
FDP		< 10	Digoxin	0.8 - 2.0	D BIL	0-0.2
Bleeding Time		2.0 - 9.5	Dilantin	10 - 20	Alcohol	negative
Fibrinogen		200 - 400	Theophylline	10 - 20	Magnesium	1.8 - 2.4
Other			Carbamaz.	4 - 10	Other	
			Valproic Acid	50 - 100		
			Phenobarb.	15 - 40		
			Gentamicin	M: 60 - 80 Range: 10		
			Other			

Patient Name: <u>[REDACTED]</u>		Daily Meds: <u>Klonopin 0.5mg</u> <u>Axmanat</u>		Past Medical History: <u>Hypertension</u> <u>near ended by back. Trust</u> <u>"[REDACTED]" - back pain</u> <u>Depression</u>	
Date: <u>1/9/16</u>					
Arrival Time at TMH: _____					
Allergies: <u>PCA / sulfa</u>					
LMD: _____ Tetanus Status: _____					
LMP: _____					
Prehospital		First 15 Minutes		16 - 30 Minutes	
EMS Service: <u>Conway</u>		Time: <u>0950</u>		Time: <u>1015</u>	
for MVA: <input type="checkbox"/> Driver <input checked="" type="checkbox"/> FS Passenger <input type="checkbox"/> RS Passenger <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Shoulder Belt <input checked="" type="checkbox"/> Lap Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag		Primary Survey Time: <u>0950</u> Airway: <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Obstructed <input type="checkbox"/> Artificial Breathing: Rate: <u>22</u> O ₂ Sat: <u>100%</u> <input type="checkbox"/> Normal <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Assisted Breath Sounds: Clear <input checked="" type="checkbox"/> L <input type="checkbox"/> R Decr. <input type="checkbox"/> L <input type="checkbox"/> R Other <input type="checkbox"/> L <input type="checkbox"/> R Chest Tube <input type="checkbox"/> ET Tube <input type="checkbox"/>		Airway: Patent <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Breathing: Rate: <u>20</u> O ₂ Sat: <u>100</u> <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Assisted <input type="checkbox"/> Absent <input type="checkbox"/> Chest Tube <input type="checkbox"/> ET Tube	
LOC: <input checked="" type="checkbox"/> Awake/Alert <input type="checkbox"/> Confused <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unresponsive ***** BP: <u>138/82</u> V/S P: <u>90</u> R: _____ <input type="checkbox"/> Assisted		Circulation: BP <u>138/82</u> P <u>69</u> T <u>96.9</u> Pulse: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Weak <input type="checkbox"/> Bounding Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Temp: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold Skin: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic Monitor Rhythm: <u>NSR</u>		Circulation: BP <u>130/80</u> P <u>69</u> <input type="checkbox"/> Pink <input type="checkbox"/> Other <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other	
History PTA: <u>can't chest</u> <u>"[REDACTED]"</u> <u>"[REDACTED]"</u>		Neuro: Pupil: <input type="checkbox"/> PERL <input checked="" type="checkbox"/> <u>NSR</u> LOC: <input type="checkbox"/> Awake/Alert <input type="checkbox"/> Confused <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unconscious GCS: <u>15</u> Trauma Score: <u>12</u>		Neuro: <input checked="" type="checkbox"/> Awake/Alert <input type="checkbox"/> Confused <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unconscious CGS: _____ CSM: _____	
Secondary Survey Time: <u>0952</u> Injuries: Front  Back  A: Abrasion L: Laceration C: Contusion B: Burn D: Deformity O: Other _____ <input type="checkbox"/> Normal <input type="checkbox"/> Other _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Distended <input type="checkbox"/> Rigid Bowel Sounds: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hyperactive		Pain Levels: Scale 1 - 10 <u>5/10</u> <u>chest</u> Site: _____ <input type="checkbox"/> Unresponsive		Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Distended <input type="checkbox"/> Rigid Secondary Injuries: _____	
<input type="checkbox"/> EOA <input type="checkbox"/> PSAG <input checked="" type="checkbox"/> Collar <input checked="" type="checkbox"/> Backboard		<input checked="" type="checkbox"/> High Flow O ₂ at <u>10L</u> <input type="checkbox"/> Continuous O ₂ Sat		<input type="checkbox"/> High Flow O ₂ at _____ <input type="checkbox"/> Continuous O ₂ Sat	
<input type="checkbox"/> #1 IV _____		<input checked="" type="checkbox"/> #1 IV _____ with <u>PCA</u> by <u>S. Rukard</u>		<input type="checkbox"/> #1 IV _____ with _____	
<input type="checkbox"/> #2 IV _____		<input type="checkbox"/> #2 IV _____ with _____		<input type="checkbox"/> #2 IV _____ with _____	
<input type="checkbox"/> ET Tube		<input type="checkbox"/> Lab Trauma Profile		<input type="checkbox"/> EKG	
<input type="checkbox"/> Extrication > 20 min. <input type="checkbox"/> Other prehospital treatment		<input type="checkbox"/> X-Rays - Shoot through <input type="checkbox"/> C-Spine/Pelvis <input type="checkbox"/> ***** <input type="checkbox"/> Other		<input type="checkbox"/> Foley _____ by _____ <input type="checkbox"/> NGT _____ by _____	
<input type="checkbox"/> Other Treatments (Specify): _____		<input type="checkbox"/> Other Treatments (Specify): _____		<input type="checkbox"/> Other Treatments (Specify): _____	

ASSESSMENT

	31- 60 Minutes Time: <u>1630</u>	61 - 90 Minutes Time: _____	Expected Outcome
	Airway: <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Yes <input type="checkbox"/> No	Airway: <input type="checkbox"/> Patent <input type="checkbox"/> Yes <input type="checkbox"/> No	Airway Patent
	Breathing: Rate <u>18</u> O ₂ Sat <u>100</u> <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Assisted <input type="checkbox"/> Absent <input type="checkbox"/> Chest Tube <input type="checkbox"/> ET Tube <u>100 NRB</u>	Breathing: Rate _____ O ₂ Sat _____ <input type="checkbox"/> Spontaneous <input type="checkbox"/> Assisted <input type="checkbox"/> Absent <input type="checkbox"/> Chest Tube <input type="checkbox"/> ET Tube	Resp rate > 12 pm < 30 pm O ₂ Sat > 90%
	Circulation: BP <u>114/70</u> P <u>80</u> <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Other <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other Monitor Rhythm: <u>NSR</u>	Circulation: BP _____ P _____ <input type="checkbox"/> Pink <input type="checkbox"/> Other <input type="checkbox"/> Warm <input type="checkbox"/> Other <input type="checkbox"/> Dry <input type="checkbox"/> Other Monitor Rhythm: _____	Pulse > 60, < 120 or improved from admission Free of life threatening dysrhythmias BP Stable
	Neuro: <input checked="" type="checkbox"/> LOC: <input checked="" type="checkbox"/> Awake/Alert <input type="checkbox"/> Confused <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unconscious CGS: <u>15</u> CSM <u>12</u>	Neuro: <input type="checkbox"/> LOC: <input type="checkbox"/> Awake/Alert <input type="checkbox"/> Confused <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unconscious CGS: _____ CSM _____	Patient appropriate and responsive to verbal commands. Patient moves extremities in response to verbal commands.
	Pain Levels: Scale 1 - 10 <u>5/10 D chest</u> Site: _____ <input type="checkbox"/> Unresponsive	Pain Levels: Scale 1 - 10 _____ Site: _____ <input type="checkbox"/> Unresponsive	Decreased pain or pain free <input type="checkbox"/> Unresponsive
	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Distended <input type="checkbox"/> Rigid	Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Distended <input type="checkbox"/> Rigid	Abdomen Soft
	Secondary Injuries: _____ _____ _____	Secondary Injuries: _____ _____ _____	CT Scan completed if indicated
TREATMENTS	<input checked="" type="checkbox"/> High Flow O ₂ at <u>100% NRB</u> <input type="checkbox"/> Continuous O ₂ Sat	<input type="checkbox"/> High Flow O ₂ at _____ <input type="checkbox"/> Continuous O ₂ Sat	Wound cleansed and dressed
	<input type="checkbox"/> Dinamap q 5 min v/s <input type="checkbox"/> Cardiac Monitor	<input type="checkbox"/> Dinamap q 5 min v/s <input type="checkbox"/> Cardiac Monitor	Tetanus updated
	<input type="checkbox"/> #1 IV _____ with _____ Site by _____	<input type="checkbox"/> #1 IV _____ with _____ Site by _____	Lacerations sutured/dressed
	<input type="checkbox"/> #2 IV _____ with _____ Site _____ by _____	<input type="checkbox"/> #2 IV _____ with _____ Site _____ by _____	Fx splinted or casted
	<input type="checkbox"/> EKG	<input type="checkbox"/> EKG	Patient stabilized
	<input type="checkbox"/> Consider Foley _____ by _____ <input type="checkbox"/> Consider NGT _____ by _____	<input type="checkbox"/> Consider Foley _____ by _____ <input type="checkbox"/> Consider NGT _____ by _____	Above outcomes met
MEDS	<input type="checkbox"/> Other Treatments (Specify): _____ _____ _____ _____	<input type="checkbox"/> Other Treatments (Specify): _____ _____ _____ _____	Patient admitted to Patient Care Unit, transferred to OR or transferred to another facility.

Intake							Output			Patient/Family/S.O. Education/Teaching		
Time							Time			First ½ Hour to First Hour	Second Hour	Third Hour/ Expected Outcome
IV #1							Urine			<input checked="" type="checkbox"/> Pt Informed of procedures and verbalized understanding	<input type="checkbox"/> Pt updated of procedures/injuries and verbalized understanding	<input type="checkbox"/> Pt verbalized understanding of procedures
IV #2												
IV							Blood			<input type="checkbox"/> Pt Confused	<input type="checkbox"/> Pt Confused	<input type="checkbox"/> Pt Confused
Blood							NG/OG			<input type="checkbox"/> Pt Unresponsive	<input type="checkbox"/> Pt Unresponsive	<input type="checkbox"/> Pt Unresponsive
Other							Chest Tube			<input type="checkbox"/> Family/S.O. notified and informed of pts. status	<input type="checkbox"/> Family/S.O. updated re: pts. status/treatment plan and verbalized understanding	<input type="checkbox"/> Family/S.O. verbalized understanding of procedure and treatment plan
TOTAL IN						TOTAL OUT						
PATIENT DISPOSITION												
Admitted Time: _____		Transferred to OR Time: _____		Transferred Out Time: _____								
Room #: _____				Receiving Facility: _____								<input type="checkbox"/> Pt./Family verbalized understanding of need for admission transfer to OR or other facility
MD: _____		MD: _____		Receiving MD: _____								
Report Called Time: _____		To: _____		Via EMS Svc: _____								
										<input type="checkbox"/> Unable to locate <input type="checkbox"/> Family/S.O.	<input type="checkbox"/> Unable to locate <input type="checkbox"/> Family/S.O.	<input type="checkbox"/> Unable to locate <input type="checkbox"/> Family/S.O.
										<input type="checkbox"/> Other than above	<input type="checkbox"/> Other than above	<input type="checkbox"/> Other than above

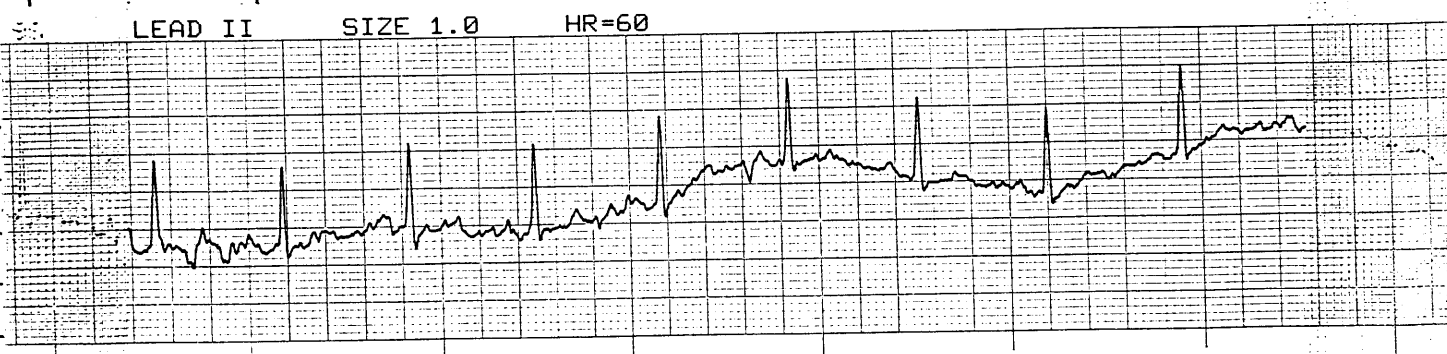
Husband, Kirk, Vicki

RHYTHM STRIPS:

GLASGOW COMA SCALE				REVISED TRAUMA SCORE			
Eye Opening Response	SPONTANEOUS	4		GLASGOW COMA SCALE (GCS) (Total points from left)	13 - 15	4	
	TO VOICE	3			9 - 12	3	
	TO PAIN	2			6 - 8	2	
	NONE	1			4 - 5	1	
					3	0	
Best Verbal Response	ORIENTED	5		Systolic Blood Pressure	> 89 mmHG	4	
	CONFUSED	4			76 - 89 mmHG	3	
	INAPPROPRIATE WORDS	3			50 - 75 mmHG	2	
	INCOMPREHENSIBLE SOUNDS	2			1 - 49 mmHG	1	
	NONE	1			No Pulse	0	
Best Motor Response	OBEYS COMMANDS	6		Respiratory Rate	10 - 29/min	4	
	LOCALIZES PAIN	5			> 29/min	3	
	WITHDRAWS (PAIN)	4			6 - 9/min	2	
	FLEXION (PAIN)	3			1 - 5/min	1	
	EXTENSION (PAIN)	2			None	0	
	NONE	1					
Total GCS Points	Apply this score to the GCS portion of Trauma Score at right			15	TOTAL TRAUMA SCORE:		
					12		

VITALS	SIGANTURE/TITL.	INITIALS	SIGNATURE/TITLES

TIME	VS	PROGRESS NOTES	INIT.
0945	138/72	HR 80 - R 24 10010 NO/Rebreather - Alert X3 CPO (L) (chest pain) Cardiac monitor - NS - IV line #18 - (L) arth Cut - Sinus tach → Sinus Rhythm & atypical EKG ordered - VS 1000 - HR 80 15 - Gl - 12 - Trauma - 130/80 - R-24 - P-14 - Scale Scale CX - pelvis - Routine labs - EKG - ordered & Medications Gloripix 0.5 mg Azymerit inhaler	
1100		To - X-ray via stretcher. Off monitor & J2. Mr. Barrunno notified of pt. presence Good clear urine. U/A sent	
1150		Ret. from X-Ray BP 112/64 P. 42	
1300		in apt.	
1325		400cc IVF absorbed IV d/c'd	
1345		Pt very understanding & d/c plan Pt to await friends d/c plans son apt - In	(N)



RUN DATE 1/96
TIME 12:08

Hospital
LABORATORY DAILY RESULT LOG .OR M/R FILES RGRNUM

PAGE 40

---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# PHYSICIAN 239543 E.R.
F 33 /63 /96
---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
/96 1503 /96 1005 0000 /96 1509 /96 1509
FMC PMP VJ VJ
GLUCOSE 104 MG/DL (L=76 H=115)
BUN 14 MG/DL (L=3 H=23)
CREATININE 0.9 MG/DL (L=0.60 H=1.50)
SODIUM 138 MEQ/L (L=136 H=145)
POTASSIUM 4.1 MEQ/L (L=3.60 H=5.20)
CHLORIDE 105 MEQ/L (L=100 H=108)
CO2 26 MEQ/L (L=21 H=32)
AMYLASE 42 U/L (L=25 H=115)
ETHANOL-mg/dl NONE DETECTED (NORMAL: NONE DETECTED)

---ORDERED--- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
/96 1015 /96 1005 0000 /96 1145 /96 1145
LR RN JH JH
WBC 8.0 K/uL (L=4.80 H=10.80)
RBC 4.82 M/uL (L=4.20 H=5.40)
HGB 14.9 G/DL (L=12 H=16)
HCT 42.9 % (L=37 H=47)
MCV 89.1 FL (L=80 H=96)
MCH 30.9 PG (L=26 H=34)
MCHC 34.7 % (L=30 H=35)
RDW 11.1 % (L=10.50 H=14.60)
PLT 308 K/uL (L=150 H=400)
MPV 6.9 FL (L=6.80 H=10.60)
AUTOMATED DIFFERENTIAL
LYMPHS 2.6 K/uL (L=1.20 H=3)
MONOS 0.5 K/uL (L=0.30 H=0.70)
GRAN 4.9 K/uL (L=1.20 H=6.80)
%LYMPHS 32.2 % (L=17.40 H=48.20)
%MONOS 6.1 % (L=4.50 H=10.50)
%GRAN 61.7 % (L=43.40 H=76.20)
%EOS < 10 (< 10%)
%BASO < 3 (< 3%)

---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# PHYSICIAN E.R.
F 33 /63 /96 38615 ROOM:

RUN DATE [REDACTED]/96
TIME 12:08

[REDACTED] Hospital
LABORATORY DAILY RESULT LOG FOR M/R FILES RGRNUM

PAGE 41

---PATIENT NAME---	SEX	AGE	BIRTH-DT	ADMIT	M/R#	PHYSICIAN	[REDACTED] E.R.
[REDACTED]	F	33	[REDACTED]/63	[REDACTED]/96	[REDACTED]	[REDACTED]	ROOM: [REDACTED]

--ORDERED--	--COLLECTED--		--REC'D--	--RESULTED--		--VERIFIED--	
[REDACTED]/96 1310	[REDACTED]/96 1310		0000	[REDACTED]/96 1509		[REDACTED]/96 1130	
JW	JW			JH		VJ	

URINALYSIS

DIPSTICK URINE

TEST	RESULT	REFERENCE RANGE
=====	=====	=====
Color	yellow	(yellow)
Turbidity	clear	(clear)
Spec gravity	1.009	(1.003 - 1.030)
PH	6.0	(5.0 - 8.0)
Glucose	neg	(neg)
Bilirubin	neg	(neg)
Ketones	neg	(neg)
Blood	neg	(neg)
Protein	neg	(neg)
Nitrite	neg	(neg)
Leukocytes	neg	(neg)

URINALYSIS MICROSCOPIC

TEST	RESULT	REFERENCE RANGE
=====	=====	=====
RBC/hpf	none	(none)
WBC/hpf	none	(none)
Casts/lpf	none	(none)
Bacteria	neg	(neg)
Epithelial	2+	(neg)
Crystals	neg	(neg)
Mucus	neg	(neg)

---PATIENT NAME---	SEX	AGE	BIRTH-DT	ADMIT	M/R#	PHYSICIAN	[REDACTED] E.R.
[REDACTED]	F	33	[REDACTED]/63	[REDACTED]/96	[REDACTED]	[REDACTED]	ROOM: [REDACTED]

HOSPITAL

W, NH 03860

RADIOLOGY REPORT

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] F 33 [REDACTED]/96 [REDACTED]/96 K3387 XB E.R.
DATE OF BIRTH: [REDACTED] 3/1963 M/R# [REDACTED] PH#: [REDACTED] RM
LOCATION: TRANSCRIBED: [REDACTED]/96 7:46 eh
=> XRAY REQUEST (= COMPLETE: [REDACTED]/96 12:59 [REDACTED] 96411
Reason: MVA
=> XRAY REQUEST (= STOP: [REDACTED]/96 10:13 [REDACTED] 96407
Reason: TRUMA
=> XRAY REQUEST (= STOP: [REDACTED]/96 10:14 [REDACTED] 96408
Reason: TRUMA
=> XRAY REQUEST (= COMPLETE: [REDACTED]/96 12:58 [REDACTED] 96413
Reason: MVA
L-S SPINE AP & LAT COMPLETE: [REDACTED]/96 12:58 [REDACTED] 96443
T SPINE COMPLETE: [REDACTED]/96 12:58 [REDACTED] 96444
C-SPINE MIN 4 VIEWS COMPLETE: [REDACTED]/96 12:58 [REDACTED] 96445
PELVIS AP COMPLETE: [REDACTED]/96 12:59 [REDACTED] 96446
CHEST 2 VIEW COMPLETE: [REDACTED]/96 12:59 [REDACTED] 96447
PHYSICIAN: [REDACTED]

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

CHEST

Normal heart size and shape. No mediastinal shift or widening. The lungs are well expanded and clear with no pneumothorax, contusion, or effusion. No rib fracture identified, bone detail films and oblique films not performed.

IMPRESSION: Negative chest.

PELVIS

Sacroiliac joints and symphysis pubis are normal in width and position. The iliac wings are intact. Both hips are normal in alignment. The cortical lines of the pelvis are intact.

IMPRESSION: No fracture.

THORACIC SPINE

Paraspinous soft tissue lines are not displaced. There is no endplate fracture or widening of the interpeduncular distance. On the lateral view there is no compression injury or interruption of the anterior cortical line.

IMPRESSION: Negative thoracic spine.

HOSPITAL
NH 03860

RADIOLOGY REPORT

NAME	NUMBER	SEX	AGE	ADMIT	DISC.	XRAY#	F/C	TYPE
[REDACTED]	[REDACTED]	F	33	[REDACTED]/96	[REDACTED]/96	K3387	XB	E.R.
DATE OF BIRTH:		[REDACTED]	[REDACTED]	M/R# 38615	PH#:	[REDACTED]	[REDACTED]	RM

LUMBAR SPINE

There is endplate spurring at the thoracolumbar junction, superior endplate of T-12 particularly. There is no compression level or fracture. The back is somewhat straightened though film was obtained on a back board. There is disk space narrowing, mild degree at L5, S1. The transverse processes are intact at all levels with no angulation or fracture identified.

IMPRESSION: Negative lumbar study.

CERVICAL SPINE

The prevertebral space is normal. Alignment of cervical segments is normal with a generous cervical canal. Spinal lamina line is not displaced. There is no fracture identified. The odontoid is midline with symmetric lateral mass positions. The foramina are patent on oblique views.

IMPRESSION: Negative cervical series.

D [REDACTED] /96

[REDACTED]

ID: ++++++ 1996 10:14:50

HOSPITAL

Female Caucasian
67in 140lbs
Room: RM4

Vent. rate 82 bpm
PR interval * ms
QRS duration 74 ms
QT/QTc 354/413 ms
P-R-T axes * 22 33

Undetermined rhythm
Otherwise normal ECG

S.Wis

Technician: JG
Test ind: PAIN

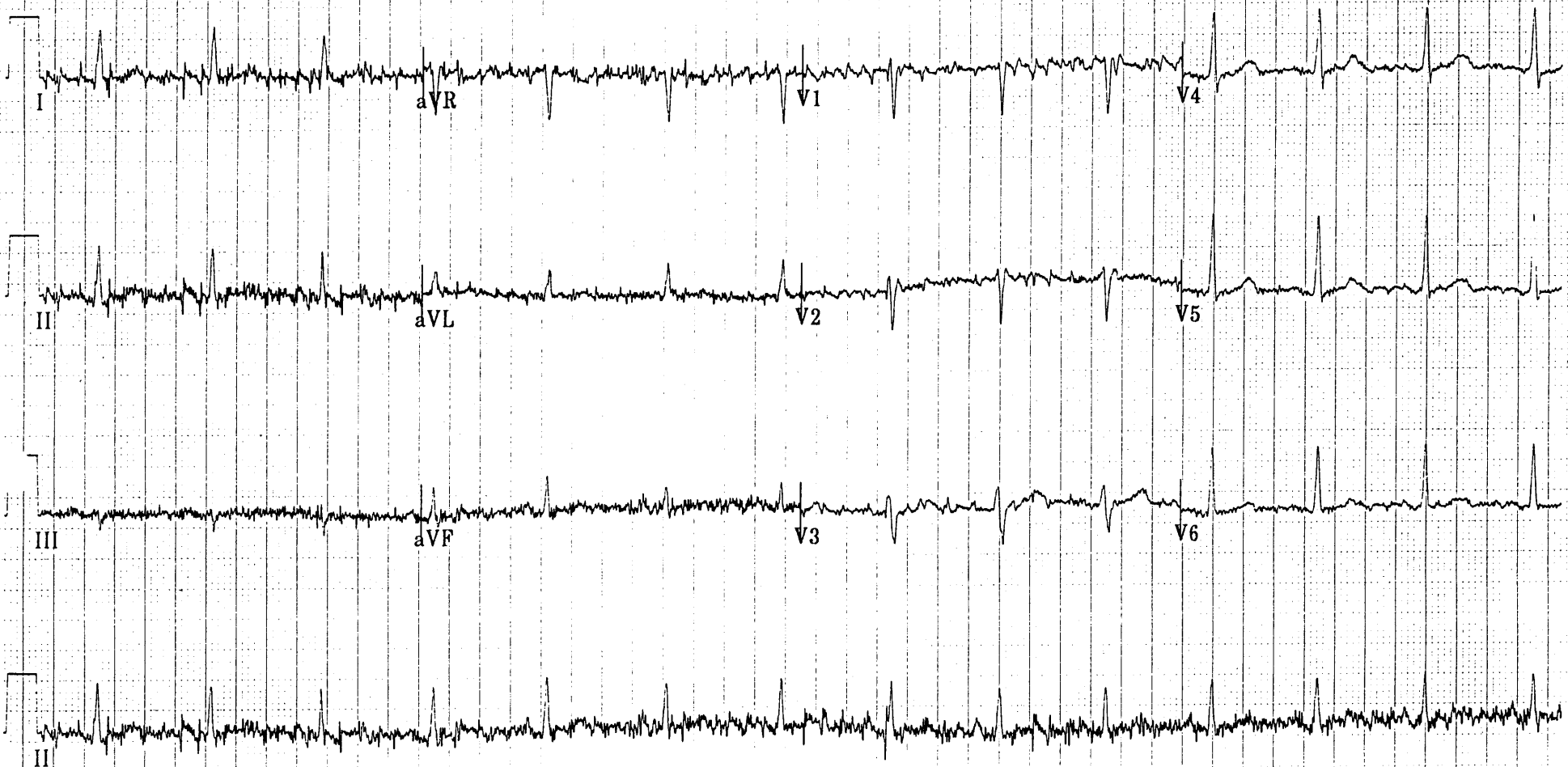
Referred by: STRVENSON

Unconfirmed

PRIOR EKG:

IN/OUT PT:

pt cold
shivering



HOSPITAL
NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

CONSULTANT'S REPORT

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
----- F 33 1/96 1/96 E.R
DATE OF BIRTH: 8/1963
PHYSICIAN: _____

DATE: /96

HISTORY OF PRESENT ILLNESS

This is a 33-year-old female who was apparently belted, as a passenger in a vehicle that was involved in a head-on MVA. The patient presents in the emergency room with a collar and boarded. She has an IV in place. She is complaining of some sternal chest pain and some left inguinal and pelvic pain. She is also complaining of some back pain.

PAST MEDICAL HISTORY

Gravida 3, para 3. She has had no operations except for a tubal ligation. She has no use of drugs or alcohol. No allergies. She has used Klonopin in the past and she is presently on Lithium for depression. is her physician. She was last in the hospital on /96 for this depression.

MEDICATIONS

Lithium.
Depakote 500 mgs b.i.d.
Tegretol 200 mgs b.i.d.

PAST SURGICAL HISTORY

C-section.
Tubal ligation.

PHYSICAL EXAMINATION

GENERAL: Well developed female who appears to be awake, alert and responding. She remembers the accident. There was no loss of consciousness.
HEENT: Pupils are equal to light and accommodation. Head is intact. Tympanic membranes are intact.
NECK: Non-tender.
CHEST: Upper chest appears to be tender mildly tender. The lower chest wall anteriorly appears to be mildly tender. Chest is clear to auscultation.
ABDOMEN: Soft and non-tender. Bowel sounds are present. No masses.

HOSPITAL
NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

CONSULTANT'S REPORT

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
----- F 33 11/22/96 11/22/96 E.R
DATE OF BIRTH: 11/22/1963
PHYSICIAN: _____

HEART: Regular rhythm with no murmurs.
BREASTS: Not evaluated.
PELVIS: Intact, although it is tender over the left iliac crest and left hip.
EXTREMITIES: Intact, without edema.
NEUROLOGICAL: No findings noted, i.e. her senses and reflexes and function all appear to be totally intact bilaterally and is equal.

IMPRESSION

Multiple contusions as result of a motor vehicle accident.

LABORATORY DATA

lytes, sodium 138, potassium 4.1, chloride 105, CO2 26, glucose 104, white count 8,000, hemoglobin 14.9, hematocrit 42, platelet count 308.

C-spine films, chest x-ray, pelvic film, T-spine and LS-spine all appear to be within normal limits.

The patient's cervical collar is removed and she is allowed out of bed for ambulation. When she is ambulated we will plan on discharging her home on Advil or Motrin for discomfort.

FINAL DIAGNOSIS

1. Multiple contusions status post motor vehicle accident.

11/22/96

MD

OUT-PATIENT

HOSPITAL
NEW HAMPSHIRE 03860-5001

PATIENT NAME [REDACTED]		DATE [REDACTED]/96	TIME 9:47	PATIENT TY. O/P	SERVICE O/P	OPD NUMBER [REDACTED]	
P.O. BOX-STREET ADDRESS [REDACTED]		AGE 33	D.O.B. [REDACTED]/1963	SEX F	MAR D	SEX-MAR CODE	FAMILY PHYSICIAN [REDACTED]
TOWN-STATE-ZIP CODE [REDACTED] NH 03860		TELEPHONE [REDACTED]		DR. CODE [REDACTED]	REQUESTING PHYSICIAN [REDACTED]		
WHERE STAYING	TELEPHONE	NEXT OF KIN [REDACTED]			RELATIONSHIP FIANCE		TELEPHONE [REDACTED]
PATIENT EMPLOYER-NAME AND ADDRESS						DIAG. CODE	
BX-COMM. INS. NAME AND ADDRESS MCAID O/P [REDACTED] NH 03306				GROUP NAME & NUMBER		CERTIFICATE # [REDACTED]	
SUBSCRIB/GUAR-NAME AND ADDRESS [REDACTED] NH 03860				PT. REL-SUB SELF	SUBSCRIB/GUAR-EMPLOYER		
SUBSCRIB/GUAR-EMPLOYER ADDRESS		EMP. DATA P <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>	EMP. STATUS	EMPLOYEE ID #	CHAMPUS BRANCH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ACT RET DEC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHAMPVA RET DEC <input type="checkbox"/> <input type="checkbox"/>
OCCURANCE <input type="checkbox"/> AUTO <input type="checkbox"/> WORK <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME <input type="checkbox"/> ILLNESS <input type="checkbox"/> MED. EM. <input type="checkbox"/> NOT				DATE OF	FINCL CLASS XB	# OF INS. 1	INS. PLANS XB
DEPT.		CHIEF COMPLAINT S/P APPENDECTOMY					CLERKS INITIAL [REDACTED]

M/R#: [REDACTED]

[REDACTED] HOSPITAL
[REDACTED], NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] [REDACTED] F 33 [REDACTED]/96 [REDACTED]/96 K3387 XB O/P
DATE OF BIRTH: [REDACTED]/1963 M/R# [REDACTED] PH#: [REDACTED] RM
LOCATION: TRANSCRIBED: [REDACTED]/96 11:53 [REDACTED]
=> XRAY REQUEST (= COMPLETE: [REDACTED]/96 10:54 [REDACTED] 97928
Reason: S/P LAP APPY W/ PERFED APP.
ABDOMEN-COMplete W/DECIBUTIS A/D ERECT COMPLETE: [REDACTED]/96 10:54 [REDACTED] 97937
PHYSICIAN: [REDACTED]

=====

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

=====

ABDOMEN:

No free air is identified. Symmetric diaphragm levels with clear lung bases.
Calcifications in the pelvis, probable phleboliths. No mass density or
suspicious bowel pattern abnormality. There is no dilated or obstructed bowel
loops.

IMPRESSION: No plain film abnormality demonstrated.

d/ [REDACTED]/96

[REDACTED]

[REDACTED]

██████████ HOSPITAL
OUTPATIENT SURGICAL RECORD

Patient's Name: ██████████

Primary Care Physician ██████████

Adm ██████████

Disch ██████████

Pre-op Disgnosis: 40 Appendicitis

Proposed Operation: Laparoscopic exploration

(Above to be filled in by Referring Physician)

Past History, Present Complaint and Indications for Procedure:

33 yo WF 2 abd pain, sudden onset yest eve. ⊕ N/V x mult. Took Ex lax and has had watery diarrhea since then. ⊕ vag discharge. ⊕ dysmen

Previous Surgery: Csection 1980, BTL 1983.

MVA 7 wk ago 5 known fx or internal injuries

Allergies: PCN, sulfa

Current Medications - Steroids, other: Has been on Tegretol for depression, now off.

Last Menstrual Period: Finished 2 d. ago.

Contraception:

Review of Systems:

General Appearance: (Nutrition-Pallor)

Age: 33

WT:

BP: 112/64

Pulse: 112

Resp:

Temp 103.5. Fearful, warm to touch.

Head Eye-Ear-Nose-Throat:

unk

Adenopathy Neck-Axilla-Groin:

⊕ bruits

Breast:

decreased

Chest Percuss-Auscult: (EKGs - men over 40, women over 50, or younger if cardiac history or event within 6 months)

chr ⊕ A (S).

Heart Size-Murmurs:

Reg rhythm, tachy.

Abdomen Liver-Spleen:

Tender diffusely, more suprapubically. ⊕ rebound. ⊕ masses.

Rectal - tender, prominent cervix, tender i cervical munt.

Genitalia:

ne externally.

Extremities Bone-Joints:

⊕ edema. Good pulses.

Procedure Discussed with Patient including risks: infection, bleeding, injury to viscera

and complications:

Date: 1/96

Signature of Examining Physician

██████████

Over for DIAGNOSIS and ORDERS

HOSPITAL
NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

DISCHARGE SUMMARY

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
[REDACTED] [REDACTED] F 33 [REDACTED]/96 [REDACTED]/96 [REDACTED] I/P 155-A
DATE OF BIRTH: [REDACTED]/1963
PHYSICIAN: [REDACTED] [REDACTED]

PRINCIPAL DIAGNOSIS
Perforated appendicitis.

PRINCIPAL PROCEDURE
Laparoscopic appendectomy with placement of J-P drain.

DISCHARGE MEDICATIONS/INSTRUCTIONS
Cipro 500 mg p.o. b.i.d.
Flagyl 500 mg p.o. t.i.d.
Darvocet p.r.n.
Activity as tolerated.
Diet: regular

DISPOSITION
To return to my office the following week.

This is a 33-year-old white female who presented with signs and symptoms of appendicitis. She was taken to the operating room on the [REDACTED] where she underwent a laparoscopic appendectomy for a perforated appendicitis. She had a J-P drain placed in the suprapubic site. She was thus taken to the Floor postoperatively and treated with PCA Demerol for pain control and Cefoxitin and Gentamycin. Cultures showed E-coli and thus the Gentamycin was discontinued on the [REDACTED]. Her white count had been 12.7 on presentation, it was 9.4 postoperatively and it stayed low throughout her hospital course from there on. She was maintained on Cefoxitin, therefore, and did fairly well. She did have postoperative temperature of 102 early on the [REDACTED] and blood cultures were repeated, which turned out to be negative. Her J-P drain was left in place and she was begun on clear liquids on the [REDACTED]. She did have a significant amount of pain and it was difficult to enjoin her to ambulate. Her PCA was increased on the [REDACTED] and then decreased again on the [REDACTED]. By the [REDACTED] the PCA was discontinued. The drain was cracked on the [REDACTED] and then removed completely on the [REDACTED]. She was advanced to a regular diet on the [REDACTED]. By the [REDACTED] she was feeling well. She was discharged on Cipro and Flagyl. Her white count was 4.8. She was advised to eat yogurt and otherwise a regular diet. She was given a prescription for Darvocet p.r.n. She was discharged with the above instructions.

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

DISCHARGE SUMMARY

-----NAME-----	NUMBER	SEX	AGE	ADMIT	DISC.	MED.RECORD#	TYPE	ROOM#
[REDACTED]	[REDACTED]	F	33	[REDACTED]/96	[REDACTED]/96	[REDACTED]	I/P	155-A
DATE OF BIRTH: [REDACTED]/1963							PHYSICIAN [REDACTED]	
PHYSICIAN: [REDACTED]							[REDACTED]	

and recommendations.

DCS:bb

D: [REDACTED]/96

T: [REDACTED]/96

*** Initial set up and all changes in doses must be co-signed.**

Analgesic: DENEROL
PCA Dose: 15mg 20mg 20mg
Lock Out Interval: 10 min
Continuous Dose: 10mg / HR
Maximum Hourly Dose: 100mg 130mg
RN Signature: _____
Co-signature _____

Addressograph

Indicate ANY changes in rates below.

Date, Time, Initials, Cosign	13	14				
New PCA Dose	20mg	15mg				
New Continuous Dose						
New Maximum Hourly Dose	130mg	100mg				

DATE/TIME DONE

INITIALS

TUBING CHANGE DUE:

Initial Loading Dose	mg.	Date/Time	Initial
----------------------	-----	-----------	---------

Please * the date(s) below when rate changes occurred.

[illegible]

2300 1490.4mg CLEARED

1 = Wide Awake
2 = Drowsy
3 = Dozing intermittently
4 = Awakens only when aroused
5 = Asleep at time of check

ANALGESIC RATING: Have the patient rate their pain according to the pain intensity scales

No Pain Mild Severe Very Severe Worst Pain Ever

0 2 5 8 10

No _____ Pain as bad
Pain _____ as it could possibly be

HOSPITAL
NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

OPERATIVE PROCEDURE

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
----- F 33 -----/96 -----/96 ----- I/P 155-A
DATE OF BIRTH: -----/1963
PHYSICIAN: -----

DATE OF SURGERY: -----/96

PREOPERATIVE DIAGNOSIS: Appendicitis.

POSTOPERATIVE DIAGNOSIS: Perforated appendicitis.

PROCEDURE: Laparoscopic appendectomy for perforated appendicitis.

SURGEON: -----, MD

ASSISTANT: -----, MD

ANESTHESIA: General.

COMPLICATIONS: None.

DRAINS: 1 #10 -----

INDICATIONS

This is a young white female who presented with a sudden onset of abdominal pain the prior evening. She did have nausea and vomiting. She had peritoneal signs. She was taken to the operating room where she was prepped for surgery.

PROCEDURE

The patient was placed in the supine position and general anesthesia was administered via endotracheal tube per CRNA. NG and Foley catheters were placed. Then an infraumbilical incision was made with the knife, extending about 1 inch. The Veress needle with overlying sheath was introduced and then the camera was introduced through the port. There was no evidence of injury to the viscera. The abdomen was examined and there was a swollen appendix with the tip surrounded by adhesions. There was purulent fluid in the pelvis. This was aspirated for culture once the suprapubic trocar was placed. This trocar had been placed with the Veress needle and overlying sheath, placed through a 1 cm transverse incision in the suprapubic area. This was placed atraumatically under direct visualization. A 1 inch transverse incision was then made in the

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

OPERATIVE PROCEDURE

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
[REDACTED] [REDACTED] F 33 [REDACTED]/96 [REDACTED]/96 [REDACTED] I/P 155-A
DATE OF BIRTH: [REDACTED]/1963 PHYSICIAN [REDACTED]
PHYSICIAN: [REDACTED] [REDACTED]

right upper quadrant and a 12 mm port placed through this site in the usual fashion with no evidence of injury to the viscera. The laparoscopic instrument were then used to dissect the appendix away from the surrounding attachments. There was evidence of perforation. The mesoappendix was dissected away from the appendix at one spot and the GI stapler fired across this portion of the mesoappendix. The remainder of the mesoappendix was taken down to the base of the appendix and then the GI stapler was fired across the base of the appendix. The appendix was brought out through the right upper quadrant port without spillage of pus. The abdomen was then copiously irrigated and a Jackson-Pratt drain placed in the right lower quadrant area and brought out through the suprapubic site. There were no other abnormalities and no injury to associated organs or vessels during the procedure. The abdomen was copiously irrigated and suctioned. The procedure was thus terminated and the ports removed under direct visualization. There was no evidence of direct bleeding from the port sites. The port sites were then closed with sub-dermal Vicryl sutures and then #4-0 Vicryl subcuticular sutures to close the skin. The drain was sutured in place with #3-0 Prolene suture. The patient was thus awakened from anesthesia and taken to recovery having tolerated the procedure well.

[REDACTED]
D: [REDACTED]/96
T: [REDACTED]/96

[REDACTED], MD

PATIENT NAME		LOCATION	
[REDACTED]			
ORDER NO.	ACCOUNT NO.	AGE	SEX
[REDACTED]	[REDACTED]	33 Y F	[REDACTED]
PATIENT ID	COLLECTED	RECEIVED	REPORTED
[REDACTED]	[REDACTED] /96	[REDACTED] /96	[REDACTED] /96
	TIME	TIME	TIME
	20:35	20:35	16:09

[REDACTED] Ph.D., LABORATORY DIRECTOR
 DIAGNOSTIC INTERPRETATION PROVIDED THROUGH
 [REDACTED]
 A DIVISION OF SPECTRUM MEDICAL GROUP

REF. BY: [REDACTED]

[REDACTED], MD
 [REDACTED] HOSPITAL

[REDACTED] NH 03800

COMMENT

REPORT

SURGICAL PATHOLOGY

FINAL DIAGNOSIS:

APPENDIX, APPENDICECTOMY: ACUTE, PERFORATED APPENDICITIS.

DB/js [REDACTED] /96

[REDACTED] M.D., PATHOLOGIST

TISSUE SUBMITTED: APPENDIX

CLINICAL HISTORY: Ruptured appendix.

GROSS DESCRIPTION:

Specimen is received in formalin labeled Tracey A Benson and the source as appendix. It consists of an appendix with attached periappendiceal fat. The appendix measures 6.2 cm in length with a maximum diameter of 1.4 cm. A yellow-gray exudate covers the entire serosal surface. There is a central area of apparent perforation noted. Sections of this area are submitted with #1. (SSS) DLD/lsh [REDACTED] /96 DB

LABORATORIES

04106

(S=SITE CODE
 SEE BAC)

PATIENT:

~~REDACTED~~ HOSPITAL
~~REDACTED~~ NH 03860

~~REDACTED~~
~~REDACTED~~
~~REDACTED~~ 153

PROGRESS NOTES

Addressograph

DATE

~~REDACTED~~/96

Cp Note

Laparoscopic Appendectomy for Perforated
Appendicitis.

~~REDACTED~~

Asst ~~REDACTED~~

Gen Anesth

Cp - ~~REDACTED~~

JP x 2 10Fr.

to RR stable

~~REDACTED~~

~~REDACTED~~

PROGRESS NOTES

DATE	
1/1/96 2300	Pt transferred to med/surg Rom 155 @ 2045 via stretcher from OR. Alert & orientated Pt c/o abd discomfort. Medicated w Demerol 25mg IV @ 2100. Abd lap inter CDI. JP draining sm amt lt pink drainage. Foley draining c clear yellow urine. IV D ₅ 1/2 NS c 20mEq infusing @ 125cc/hr. No further c/o abd pain. Pt resting comfortably c no c/o. VSS. Temp 99°. Hunger clear. hypoaet BS. Continue to monitor
0100	Temp 102°. Sg 20 124/82. MD notified. Blood cultures ordered per MD order. Cont. to monitor
1/1/96 Gen Sg	Temp postop max 102° @ 0100. Blood Cx repeated. Wgs at HRAR ABE set, still v. tender. WBC 9.4K = 81 Segs. lytes okay. ATP continue
1/1/96 1140	c/o discomfort to abd. Day D+1. JP drain on s. prim noted as mod-severe. BS x4 Hypoactive foley in-situ draining clear yellow urine. JP draining slightly purulent sm amt drainage. abd tender (slightly) on palpation (+) Demerol IV 25mg x2 (E) & relief noted

PROGRESS NOTES

Addressograph

DATE	
1/30 cast 1140	MD notified, Dem PCA order received, Pt c/o mod/severe pain, mostly in pain. PCA began as ordered. room quietened. Pt noting relief - PCA c/o in 30 min, appears comfortably stable, pain, appears asleep, using PCA adequately to maintain further re effective pain control.
1/30 1500AM	Problem: (#1) Alteration in comfort R/T post-operative apply. Data: VSS, afebrile. c/o moderate pain at beginning of noc. hypoactive BS. B NIV. Dsg/JP site Dry & Intact, JP draining Sero-sangu drainage. Pt remains NPO, Foley draining lg amts of clear, yel urine. AS-clear. Enc. to CTDB c/abel. splint. Gent & Cefoxitin given, Gent peak & trough due today @ 1200 (noon) Dose. Interventions: Encouraged PCA use Monitor post-op Status, ITO, temp. & Dsg Site. Cont. to observe pain control & PCA use. Evaluate pt seems more comfortable, using PCA more but still not to its max. dose. pt. was instructed on ↑ PCA use and its effects on pain control were reinforced. pt has been able to sleep in long naps and does seem more relaxed. plan: Cont. c/ current plan of care. Observe/Monitor. Kilsblyer

PROGRESS NOTES

Addressograph [REDACTED]

DATE

1/96

GenSg.

Tm 101.9 → AF currently.

hgs ok. Poor effort.

HRGR

Abd soft, diffusely but mildly tender. BS scant. Ø
lungs clear & dry

JP 45cc - Cx - E. coli. from peritoneal fluid.

WBC w/ yest.

AP D/C Gent.

Anulate.

Sips clear

IS, cough & deep breathe.

H1

tl Computer

A) Demanded PCA - C Basal & PCA

C/o pain - 6/10 - 2/10 -

2) Requested use of PCA - PCA syringe 1")

3) using PCA - able to sleep

H4

* morning -

A) pt lying in bed - Breach sound & EQ
STATS "got to side of bed became nauseated
faint - started shivering"

1) Requested MD - Treated on CAB - ILS - immediately

2) onk hall x1 - in room "see this"

Cent to reperfuse onk

3) onk Hall 2nd time

1810

PROGRESS NOTES

Addressograph

DATE

1/96 0530 IV site in (R) forearm is red & pt. c/o irritation. New IV started & #20 Angio in (R) Dorsal Metacarpal Vein on first attempt. 1,000 ml. D₅ 1/2 NS & 20 mEq KCl infusing via pump at 125 ml/hour. Pt. states "IV feels fine."

1/96 0530 (P#1. (A) Pt. rates pain mild 2-3. (Z) PCA Demerol rate 1 & 20 mg inject. (E) Effective pain mgmt. (D) Encourage pain control/use of PCA & a movement/POB to help & ↓ discomfort. (P#3. (A) Pt. states (-) flatus. (Z) Encourage ↑ ambulation. Sips clear liquids. (E) Pt. tol. clear liquids & N/V. OOB to BR several times through noc. Amb. in hall to bedside. (R) Continue to encourage ambulation to assist & bowel mgmt.

1/96 0800 (P#1) (Compas - A) pt dizzy - anxious, easily frustrated PCA 56 Ave. (C) (C) - pt states depends what she's doing whether she has pain or not - (E) Cont to run PCA - Evaluate effect (E) Not very well - needs much more to move - states anxious & need to move and will do so.

PROGRESS NOTES

Addressograph

1993

DATE

Band elms - A) abd distended

196

OSW

65 auscultated - 90 nausea
no t sign - 1/2 abd pain

Q side - med abd - not @

incubator site - 0 + flatus

I) chest TD only - watch for
distension ↑ pain ↑ nausea

Watch vitals - ✓ Distention

✓ Anal ex

E) 0 nausea - mobility in room

lessens apt - t sign

196

Bayford in room very controlling - pushy
pld for pt instruction not to do "that people
have died from forming misers pushy pld's =
STATES not possible - already done for
pt instruction not to do so pt can only handle
dps - pt also informed quite capable of
understanding instructions -
no one has exposed pts but pt has been in
to call when words or leave or that or
someone will help - keeps door closed
asked bayford asked Nurses ass to
help him a sleep pill - very diff to
come for pt a bayford in room - TALKS
e make decisions for pt - will discuss
E Dr Smith

PROGRESS NOTES

Addressograph [REDACTED]

DATE

1/96 Gen Sg.
AF VSS
Feels much better. Less pain.
lyset
HR/RR
Abd soft N/V/NB. BS (+). R (+). Bm (-).
wds okay.
JP 35cc - clear serous.
AP clears
Continue ABX full 5 days
Ambulate.
↓ PCA dose

1/96 Pt instructive on ↓ dose of PCA
1400 [REDACTED] into see - pt states not
happy to nurse care - instructive on
nurse care but is told to keep down
opnd for better assessment - Reminded to
use care but so nurse can better meet
goals - boundaries set explained (supper)
must abide by many hours. [REDACTED]

1/96 #1) PCA Demerol to good relief. Pain level
#2-3 on scale 1-10. IV Infusing 125%.
#2) Bandaid intact abdominal.
old drainage. JP drained 80cc.
#3) (+) BS (+) plates (-) Bm [REDACTED]

PROGRESS NOTES

Addressograph

1/33

DATE

1/96
(cont)

#4) D.O. ad lib - in room only. Refused to amb. in hallway. C/O numbness of R hand & leg. & swelling. grasp R hand. Dr. T. Dwyer called & notified. (P) to observe for any S or N in sensation S's.

1/96
0900

A. All Soft - BLS (+) diet & clear liquids - intake PO ↑ I
Antibiotics in progress - encourage ambulation
C/O numbness / tingling hands / legs Bilateral - grips +.
 pedal edema just steady in room. ———
#1 - PCA effective - #2 - JP Dsg D/E & Drainage
on Bidsacks #3 (+) Flatus - ETR - Continue Antibiotic
therapy - Linda Robertson ———

1/96

aflo.
cheg. clear.
old soft BSO flatus (+)
BME no heel numbness
diagnose 55 cc
plan. hands to Regular diet as Tol.
down Tuesday today
diet - Am if < 50 cc
↓ IV - KVO.
Painout

PROGRESS NOTES

Addressograph

DATE	
██████-96 2200	A. 40 mild discomp. BS(+) Flatus(+) & BM P#1 Comp. I. PCA Basal was dic'd @ 1600. Pt used PCA x 1 when asked for Percocet po. Had one @ 2050 E. Pt stated good relief from Percocet. R. Cont to admit.
██████-96 0900	Abd dog D/T; (+) BS (+) flatus. Given Percocet to effect - used 1 PCA dose shortly p taking Percocet while waiting for effect.
██████/96	halfway night feeling abd aft. began BSs. diarrhea 750 plan: advance drain. out D/K PCA if OK, D/K - Am
██████/96 2010	VSS. Pt walking in halls. Pain controlled w/ percocets. IV Fluids DC'd. PCA dc'd. Tolerating fluids. (+) BS. Pt on PO antibiotics. Egg crate mattress added to bed for comfort. JP pulled by MD. Ding on old JP site cotx.

HOSPITAL
NH 03860

PROGRESS NOTES

Addressograph

133

DATE

96 VSS. Afebrile. Amb in halls x1. Voiding q3 clear yellow urine. Lung sounds clear.
0230 Log A to old VLP drain site @ 2130. C/o abd discomfort @ 2315. X2 bandaid on abd
C+I. Abd soft & nondistended. B BM. P#1+2 - All comfort / skin integrity I+E#1+2 - Old
disq removed & some amt greyish drainage & serosanguinous from lower abd old VLP site.
Qna cleared & NS, butadine ung & ASD applied. Med c Percocet & po @ 2320 for
abd discomfort "it cramping". Pt reports satisfactory effect of Percocet. A further
voided c/o pain @ present R#1+2 - Continue & current plan of care.
96 C/o mod abd & back discomfort, Med c Percocet & po @ 0730 for same.
0735 Unable to assess effectiveness @ present, day nurse aware.

156
c/o back
discomfort
abd. soft RSE needs to be
plan: RSE
if OK, D/C on code. Triage
4-7-80
WRC 4-8-80
H/D 4-1-36
Plan: D/C Home on appt. 4-1-36
WRC 4-1-36

96 Pt showered, VSS. Ambulating well. Written and oral D/C instruction
given. Pt ambulated to waiting vehicle per her request. D/Cd @
1010.

PRINT DATE: [REDACTED]/96
TIME: 17:48

[REDACTED] Hospital
LABORATORY --- CUMULATIVE REPORT

PAGE 4
H5LACUMV

NAME.: [REDACTED]
ACCT#: [REDACTED]
ROOM.: 155-A DISCH [REDACTED]/96 - PENDING ORDERS

SEX.....: F
AGE.....: 33 Y
DOB.....: [REDACTED]/1963

PHY...: [REDACTED]
ADMIT: [REDACTED]/96
MR#...: [REDACTED]

MICRO BIOLOGY

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED--
[REDACTED]/96 1402	[REDACTED]/96 1410	0000	[REDACTED]/96 0843	[REDACTED]/96 0843
JMW	RN		VJ	VJ

VAGINAL PROFILE

WET PREP: _2+_EPITHELIAL_CELLS, _2+_RBC'S, _1+_WBC'S_____

KOH PREP: _NO_FUNGAL_ELEMENTS_SEEN_____

GC SCREEN

Organism(s) found: _NO_GROWTH_____

CULTURE: Vaginal

Organism(s) found: _NORMAL_FLORA_____

SENSITIVITY: _NOT_INDICATED__

CHLAMYDIA SCREEN BY DNA PROBE: See separate report

CULTURE BLOOD - PENDING
CULTURE BLOOD - PENDING

IMMUNOLOGY

		REFERENCE
		RANGE UNITS
HCG,SER,QUAL	1344 NEG	NEG=<25mIU/L

PRINT DATE: [REDACTED]/96
TIME: 17:48

[REDACTED] Hospital
LABORATORY --- CUMULATIVE REPORT

PAGE 3
H51ACUMV

NAME.: [REDACTED]
ACCT#: [REDACTED]
ROOM.: 155-A DISCH [REDACTED]/96 - PENDING ORDERS

SEX.....: F
AGE.....: 33 Y
DOB.....: [REDACTED]/1963

PHY...: [REDACTED]
ADMIT: [REDACTED]/96
MR#...: [REDACTED]

MICRO BIOLOGY

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED---
[REDACTED]/96 2031	[REDACTED]/96 2031	0000	[REDACTED]/96 0826	[REDACTED]/96 0826
MEG	MEG		VJ	VJ

CULTURE, MISCELLANEOUS: Source ABD_FLUID

Organism(s) found: _1+_E.COLI

GRAM NEGATIVE SUSCEPTIBILITY

<u>_S_</u> AMPICILLIN	S = SUSCEPTIBLE
<u>_S_</u> CEFAZOLIN (KEFZOL)	I = INTERMEDIATE
<u>_S_</u> CEFOTAXIME (CLAFORAN)	R = RESISTANT
<u>_S_</u> CEFOXITIN (MEFOXIN)	
<u>_S_</u> CEFTRIAXONE (ROCEPHIN)	
<u>_S_</u> CHLORAMPHENICOL	
<u>_S_</u> CIPROFLOXACIN	
<u>_S_</u> GENTAMICIN	
<u>_S_</u> TIMENTIN	
<u>_S_</u> TETRACYCLINE	
<u>_S_</u> TRIM/SULF (BACTRIM)	
<u> </u> NITROFURANTOIN (URINE ONLY)	

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED---
[REDACTED]/96 2033	[REDACTED]/96 2033	0000	[REDACTED]/96 2102	[REDACTED]/96 2103
MEG	MEG		MAB	MAB

GRAM STAIN

SOURCE: ABDOMINAL FLUID
RESULT: _3+_WBC'S_WITH_RARE_GRAM_NEG._RODS

PRINT DATE: 1/15/96
TIME: 17:48

Hospital
LABORATORY --- CUMULATIVE REPORT

PAGE 1
H5LACUMV

NAME: [REDACTED]
ACCT#: [REDACTED]
ROOM: 155-A DISCH [REDACTED] 1/96 - PENDING ORDERS

SEX: F
AGE: 33 Y
DOB: [REDACTED]/1963

PHY: [REDACTED]
ADMIT: [REDACTED] 1/96
MR#: [REDACTED]

HEMATOLOGY

	1/15/96 0903	1/15/96 0700	1/15/96 1107	1/15/96 0530	1/15/96 1735	1/15/96 1704	1/15/96 1344	REFERENCE RANGE	UNITS
WBC	4.8	5.7	9.9	9.4	8.8	9.4	12.7 H	4.8 - 10.8	K/uL
RBC	4.10 L	4.12 L	3.85 L	3.58 L	3.86 L	3.88 L	4.73	4.20 - 5.40	M/uL
HGB	12.8	13.0	12.4	11.6 L	12.1	12.3	14.8	12.0 - 16.0	G/DL
HCT	36.4 L	36.7 L	34.5 L	32.1 L	34.4 L	34.5 L	44.8	37.0 - 47.0	%
MCV	88.8	89.1	89.6	89.7	89.1	88.9	94.8	80.0 - 96.0	FL
MCH	31.2	31.6	32.2	32.4	31.3	31.7	31.3	26.0 - 34.0	PG
MCHC	35.2 H	35.4 H	35.9 H	36.1 H	35.2 H	35.7 H	33.0	30.0 - 35.0	%
RDW	10.8	10.7	10.4 L	11.2	10.7	11.1	12.5	10.5 - 14.6	%
PLT	347	289	200	180	204	198	272	150 - 400	K/uL
MPV	7.2	7.9	7.9	7.3	7.1	7.1	7.5	6.8 - 10.6	FL
LYMPHS		1.6	1.0 L	1.5	1.0 L	1.0 L	1.7	1.2 - 3.0	K/uL
MONOS		0.4	0.5	0.3	0.4	0.2 L	0.5	.3 - .7	K/uL
GRAN		3.7	8.4 H	7.6 H	7.4 H	8.2 H	10.5 H	1.2 - 6.8	K/uL
%LYMPHS		27.8	10.4 L	15.5 L	11.0 L	10.3 L	13.6 L	17.4 - 48.2	%
%MONOS		7.1	5.4	3.3 L	4.5	2.2 L	4.0 L	4.5 - 10.5	%
%GRAN		65.1	84.2 H	81.2 H	84.5 H	87.5 H	82.4 H	43.4 - 76.2	%
%EOS		< 10	< 10	< 10	< 10	< 10	< 10	< 10%	
%BASO		< 3	< 3	< 3	< 3	< 3	< 3	< 3 %	

COMMENT

SMR REVIEWED

CHEMISTRY

	1/15/96 0700	1/15/96 1107	1/15/96 0630	1/15/96 1735	1/15/96 1344	REFERENCE RANGE	UNITS
GLUCOSE		105	115		97	76 - 115	MG/DL
BUN		4	7		12	3 - 23	MG/DL
CREATININE		0.9	0.9		1.0	.6 - 1.5	MG/DL
PROTEIN TOTAL				5.6 L		6.0 - 8.0	G/DL
ALBUMIN				3.3 L		3.4 - 5.0	G/DL
BILI TOTAL				0.7		.0 - 1.2	MG/DL
SODIUM.	140	138	135 L		143	136 - 145	MEQ/L
POTASSIUM	4.0	4.3	3.8		3.9	3.6 - 5.2	MEQ/L
CHLORIDE	103	106	110 H		105	100 - 108	MEQ/L
CO2	31	28	23		30	21 - 32	MEQ/L
ALK PHOS.				33 L		42 - 121	U/L
AST				16		15 - 37	U/L
ALT.				16		5 - 40	U/L
LDH				106		100 - 190	U/L
AMYLASE				21 L		25 - 115	U/L
GGT.				28 H		5 - 24	U/L

PRINT: 1/15/96 17:48 [REDACTED]

CONTINUED

PRINT DATE: [REDACTED]/96
TIME: 17:48

[REDACTED] Hospital
LABORATORY --- CUMULATIVE REPORT

PAGE 2
H5LACUMV

NAME.: [REDACTED]
ACCT#: [REDACTED]
ROOM.: 155-A DISCH [REDACTED]/96 - PENDING ORDERS

SEX.....: F
AGE.....: 33 Y
DOB.....: [REDACTED]/1963

PHY...: [REDACTED]
ADMIT: [REDACTED]/96
MR#...: [REDACTED]

COAGULATION

	11/11/96 1735	REFERENCE	
		RANGE	UNITS
PROTIME	13.2 H	11.0 - 13.0	SEC
-INR	1.2		
PTT	27	26 - 34	SEC

URINALYSIS

	[REDACTED]/96 1430	REFERENCE	
		RANGE	UNITS
Color	yellow	yellow	
Turbidity	HAZY	clear	
Spec gravity	1.030	1.003 - 1.030	
PH	7.0	5.0 - 8.0	
Glucose	neg	neg	
Bilirubin	neg	neg	
Ketones	TRACE	neg	
Blood	TRACE	neg	
Protein	neg	neg	
Nitrite	neg	neg	
Leukocytes	neg	neg	
RBC/hpf	2-3	none	
WBC/hpf	0-1	none	
Casts/lpf	none	none	
Bacteria	1+	neg	
Epithelial	1+	neg	
Crystals	neg	neg	
Mucus	3+	neg	

MICRO BIOLOGY

	[REDACTED]/96 0925	REFERENCE	
		RANGE	UNITS
C. DIFFICILE	PENDING	SEPARATE REPORT	

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED--
[REDACTED]/96 2032	[REDACTED]/96 2032	0000	[REDACTED]/96 1414	[REDACTED]/96 1414
MEG	MEG		SCA	SCA

ANAER SOURCE _ABDOMINAL_FLUID_
ANAER ORGNISM _NO_ANAEROBES_ISOLATED_

LOG NO.

REPORT DATE

PROCESSING DATE

ACCOUNT NO.

Laboratories

PATIENT NAME

REFERRED BY

SPECIMEN DATE

DATE OF BIRTH

HOSPITAL

/96

/63

SPECIMEN TIME

SEX

AGE

03:00PM

F

33

, NH 03860

CCL Director: FINAL

Test Name

Results

Ref. Range/Units

Out of Range

Within Range

Final Microbiology

C. Trachomatis (DNA
Probe)/unknown

NEGATIVE

Comments

ER

Two swabs received in GEN-PROBE transport, results may be affected.

The Gen-Probe is approved for urogenital and conjunctival specimens only.

RADIOLOGY REPORT

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
[REDACTED] F 33 [REDACTED]/96 K3387 X I/P
DATE OF BIRTH: [REDACTED]/1963 M/R# [REDACTED] PH#: [REDACTED] RM 155-A
LOCATION: TRANSCRIBED: [REDACTED] 96 11:45
=> XRAY REQUEST (= COMPLETE: [REDACTED] 96 14:09 [REDACTED] 97058
Reason: DETERMINE CAUSE OF ABD PAIN
=> ULTRASOUND REQUEST (= COMPLETE: [REDACTED] 96 15:53 [REDACTED] 97062
Reason: R/O FLUID, CYST, ECTOPIC
ABDOMEN-ANTERO/OBLIQUE/CONE COMPLETE: [REDACTED] 96 14:09 [REDACTED] 97064
US PELVIS COMPLETE: [REDACTED] 96 15:53 [REDACTED] 97080
=> XRAY REQUEST (= COMPLETE: [REDACTED] 96 17:59 [REDACTED] 97090
Reason: ABD PAIN
CHEST 2 VIEW COMPLETE: [REDACTED] 96 17:59 [REDACTED] 97091
PHYSICIAN: [REDACTED]

Unsigned transcriptions represent a preliminary report and
do not reflect a medical or legal document.

KUB:

There are calcifications in the pelvis, probable phleboliths, though could lie at the ureterovesical junctions. There is air within small bowel loops, not dilated or obstructed, and there are no air fluid levels. There is no abnormal mass density or evidence of ascites. The bladder is not distended and there is no increase in pelvic density.

IMPRESSION: Multiple air filled loops of small bowel without dilatation, air fluid levels, or evidence of obstruction. Calcifications in the pelvis are probably phleboliths.

ULTRASOUND OF THE PELVIS:

Uterus is normal in shape, slightly enlarged, measuring 9.6 cm x 5.1 cm x 5.3 cm. There are at least two small areas of hypertrophic change of the fundus and posterior wall measuring 2 and 1.4 cm respectively, typical of intrauterine leiomyomata. The endometrial complex is normal with no intrauterine fluid collection or gestation. Ovarian volumes are normal bilaterally, estimated 6 cubic cm on the left and 5.4 cubic cm on the right. There are several small cysts of both ovaries, largest measuring approximately 1 cm on the right side. Trace of free fluid is identified in the cul-de-sac, not an unusual finding. There is no adnexal mass.

IMPRESSION: Small uterine leiomyomata. Normal endometrium. No intrauterine pregnancy. No adnexal mass or significant free fluid collection.

CHEST AND LATERAL:

No free air at the diaphragms. Normal heart size and shape. No pneumothorax or mediastinal air. No shift of the midline. Normal vascular pattern with clear

[REDACTED] HOSPITAL
[REDACTED], NH 03860

=====

R A D I O L O G Y R E P O R T

=====

-----NAME-----	NUMBER	SEX	AGE	ADMIT	DISC.	XRAY#	F/C	TYPE
[REDACTED]	[REDACTED]	F	33	[REDACTED]/96		K3387	X	I/P
DATE OF BIRTH: [REDACTED]/1963		M/R# [REDACTED]		PH#: [REDACTED]		RM 155-A		

lung fields.

IMPRESSION: Negative chest.

d/ [REDACTED]/96

[REDACTED] M.D.

NO. 03860-5001

PHYSICIAN NOTES

SUBJECTIVE:

P.H. Tuberculosis '83 LMP finished yest
N/V x mult. watery diarrhea all night - Sudden onset last evening
T 101.1° crampy pain - Just finishing Period

OBJECTIVE:

ENT - natural.
Plant - clear.
Abdo -

Repeat CBL STAT

CONSULTANT:

P.J. + co. Echeverri
P.N. NLE

Torsion 30 ms 1/√. 1
1/√. N. Schein 300. mG.
1/√. x 2. ✓
Spec. - clear. ✓
Cute ✓

ORDERS:

LAB - QBE/d.f.p

X-RAY - K.4 B

PRELIMINARY
READING:

☐ NORMAL☐ ABNORMAL

ASSESSMENT:

~~Goodwin~~ P.L.D. v. APPX.

Bolus ÷ 1/2
IVF

negative.

DISPOSITION OF PATIENT

TIME

FOLLOW-UP CALL IN

DAYS REGARDING

Blood ~~g/L~~, LFTs, Amylase, PT/PTT, C
CXR port.

M/R#: [REDACTED]

PHYSICIAN
SIGNATURE

MEDICAL RECORDS COPY

EMERGENCY NURSING RECORD

03860-5001

PATIENT NAME [REDACTED]		DATE [REDACTED]/96	TIME 13:18	DOB [REDACTED]/1963	SEX F	EMT [REDACTED]	BY DEPT. NUMBER [REDACTED]
<input type="checkbox"/> EMERGENT <input type="checkbox"/> URGENT <input type="checkbox"/> NON-URGENT	<input type="checkbox"/> REQUESTS E.D. PHYSICIAN PERSONAL PHYSICIAN [REDACTED]	<input type="checkbox"/> REQUESTS OWN PHYSICIAN ATTENDING PHYSICIAN [REDACTED]		<input type="checkbox"/> PERSONAL M.D. REFERS TO E.D. M.D. CONSULTING PHYSICIAN [REDACTED]			
TREATMENT IN PROGRSS ON ARRIVAL	<input type="checkbox"/> CPR <input type="checkbox"/> OXYGEN	<input type="checkbox"/> AIRWAY (ORAL-NASAL) <input type="checkbox"/> EOA	<input type="checkbox"/> PRESS. DSG <input type="checkbox"/> BACKBOARD	<input type="checkbox"/> PHIL. COLLAR <input type="checkbox"/> MAST	<input type="checkbox"/> SPLINTS: <input type="checkbox"/> OTHER:		
MENTAL STATUS	<input checked="" type="checkbox"/> ALERT <input type="checkbox"/> RESPONDS TO VERBAL STIMULUS	<input type="checkbox"/> RESPONDS TO PAINFUL STIMULUS <input type="checkbox"/> UNRESPONSIVE	ORIENTED TO: <input type="checkbox"/> SELF OTHER: _____		<input type="checkbox"/> TIME GCS: _____	<input type="checkbox"/> PLACE	
SKIN	<input checked="" type="checkbox"/> WARM <input checked="" type="checkbox"/> DRY	<input type="checkbox"/> COOL <input type="checkbox"/> DIAPHORETIC	<input type="checkbox"/> CYANOTIC <input type="checkbox"/> PALE	<input type="checkbox"/> FLUSHED <input type="checkbox"/> JAUNDICED	PUPILS: <input type="checkbox"/> EQUAL <input type="checkbox"/> REACT	<input type="checkbox"/> UNEQUAL <input type="checkbox"/> CONSTRICTED	<input type="checkbox"/> FIXED <input type="checkbox"/> DILATED
PRE. EXIST MED. HIST.	[REDACTED]		SURGERY Cesarean 1990 BTL		LAST TETANUS [REDACTED]		LMP [REDACTED] 96
ALLERGIES MEDS.	ALLERGIES Pen, Sulfa		CURRENT MEDICATIONS [REDACTED]		CLERKS INITIALS [REDACTED]		
<input type="checkbox"/> RESCUE <input type="checkbox"/> AMBULANCE	<input type="checkbox"/> W/C <input type="checkbox"/> WALK	<input type="checkbox"/> STRETCHER <input type="checkbox"/> OTHER	CHIEF COMPLAINT POSS APPENDICITIS				
TIME	VITAL SIGNS	HISTORY PRESENTING ILLNESS (IF ACCIDENT INCLUDE: DATE, TIME, LOCATION)					
1335	98.4 - 90 - 20 120/74	Pt. of 90 severe RLQ pain since last evening & vomiting, chills & hot flashes. States pain is constant, ↑ intensity @ times, sharp. Radiates into back & has feeling of pressure in perineum. Bowels have been regular, has had no dysuria or frequency but was unable to urinate recently due to pressure & pain in perineum.					
1340		IV of 1000cc NS started in @ wrist @ 40g. angiocath to run @ 300cc/hr. - lab's drawn.					
1350		Pelvic exam done by [REDACTED] & cultures sent.					
1400		Foradol 30mg D/P given. Pt. to X-ray.					
1410		Pt. states slight relief since medication.					
1440		1000cc NS absorbed & ↑ 1000cc NS - pt. has no urge to void yet.					
MEASURES	<input type="checkbox"/> CBC <input type="checkbox"/> UA	<input type="checkbox"/> BUN <input type="checkbox"/> BS	<input type="checkbox"/> LYTES <input type="checkbox"/> CREAT.	<input type="checkbox"/> ABG'S <input type="checkbox"/> X-RAY	<input type="checkbox"/> OTHER: <input type="checkbox"/> URINE CULTURE	<input type="checkbox"/> STREP SCREEN <input type="checkbox"/> URINE CHEMSTRIP	MONITOR EKG
FINAL DISPOSITON	<input checked="" type="checkbox"/> ADM. [REDACTED]	<input type="checkbox"/> RM. [REDACTED]	<input type="checkbox"/> HOME <input type="checkbox"/> OTHER:		DATE [REDACTED] 1-96	TIME 18:10	HOW/DISCHARGED [REDACTED]
CONDITION ON DISCHARGE	<input type="checkbox"/> IMPROVED <input type="checkbox"/> SAME	<input type="checkbox"/> EXPIRED	PATIENT'S BELONGINGS: <input type="checkbox"/> HOME <input type="checkbox"/> WITH PATIENT		<input type="checkbox"/> OTHER:		
INSTRUCTIONS TO PATIENT	RECEIVED AND UNDERSTOOD FOR:	<input type="checkbox"/> WOUND <input type="checkbox"/> SPRAIN	<input type="checkbox"/> HEAD <input type="checkbox"/> CAST	<input type="checkbox"/> CRUTCH <input type="checkbox"/> OTHER:	<input type="checkbox"/> MEDICATION NURSE SIGNATURE [REDACTED]		
NOTIFICATION	<input type="checkbox"/> POLICE TIME:	<input type="checkbox"/> MEDICAL EXAMINER: TIME:		<input type="checkbox"/> INFECTION CONTROL			
PATIENT INSTRUCTIONS [REDACTED]							

I HAVE RECEIVED AND UNDERSTAND
THE ABOVE INSTRUCTIONSPATIENT
SIGNATURE _____

MEDICAL RECORDS COPY

[REDACTED] HOSPITAL
[REDACTED] NH 03860

Unsigned transcriptions represent a preliminary report
and do not reflect a medical or legal document.

EMERGENCY ROOM NOTES / PROGRESS NOTES

-----NAME----- NUMBER SEX AGE ADMIT DISC. MED.RECORD# TYPE ROOM#
[REDACTED] [REDACTED] F 33 [REDACTED]/96 [REDACTED] [REDACTED] I/P 155-A
DATE OF BIRTH: [REDACTED]/1963 PHYSICIAN [REDACTED]
PHYSICIAN: [REDACTED] [REDACTED]

Date: [REDACTED]/96

A 33-year-old woman who, yesterday evening, developed sudden onset of right lower quadrant pain whilst walking around. She apparently was just finishing her period and recently had an MVA without any significant injuries.

Patient does have a past history of tubal ligation and had T 98.4 initially with P 80, BP 120/74. She is ALLERGIC TO PENICILLIN & SULFA.

On examination, she appeared to be in significant pain. She described the pain as being very severe and steady and she had been nauseated, but had had no vomiting at this time. She stated her bowels have been regular, but later to the surgeon, she stated that she had had diarrhea. Urinary symptoms were normal. She was a multi-tattooed woman with significant pain response. ENT exam normal. Chest clear. Lower abdominal quadrants were very tender, demonstrating rebound +. Vaginal examination revealed a positive chandelier sign and PR was not performed.

Cultures were taken from the vagina for gonococcus, Chlamydia, and general culture. She had KUB, CBC, differential, profile 7, and beta HCG. Urinalysis was clear. KUB was not demonstrated as abnormal. She had negative pregnancy test. White count was within the limits of normal. She had a normal profile 7. Ultrasound of the pelvis did not reveal any cysts, tubo-ovarian abscesses and she was essentially negative for abnormality in that region.

IV normal saline was infusing at this time at 300 ml/hr. Her temperature rose to 101. She was given two Tylenol. Toradol 30 mg was infused intravenously with significant relief. [REDACTED] came to overview her case and continue its management.

FINAL DIAGNOSIS: Pelvic inflammatory disease vs. appendicitis.

DISPOSITION:
To the operating room with [REDACTED], and ? [REDACTED].

[REDACTED]
D: [REDACTED]/96
T: [REDACTED]/96 [REDACTED], M. D.
[REDACTED]